

FILE NOW: FILING FEE IS \$61.25

FILED

May 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N35119** (9)
1. Corporation Name
COMMUNITY INITIATIVES, INC.



Principal Place of Business 7507 BEACH BOULEVARD JACKSONVILLE FL 32216 US	Mailing Address P.O. BOX 16908 JACKSONVILLE FL 32245-6908 US
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3. Date Incorporated or Qualified 11/02/1989	3a. Date of Last Report 05/28/1996
4. FEI Number 59-2091170	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent
**HANNAN, PATRICIA I.
121 WEST FORSYTH STREET
SUITE 800
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	1VPD	<input type="checkbox"/> DELETE
NAME	WERNER, MARK	
STREET ADDRESS	8917 W.WESTERN WAY #7	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SPENCE, ISABELLE	
STREET ADDRESS	1812 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAILLARD, JACK	
STREET ADDRESS	5411 ORTEGABLVD #1	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FRANKLIN, JOHN	
STREET ADDRESS	3129 GULF LIFE DRIVE #2529	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SPENCE, ISABELLE	
STREET ADDRESS	432 OSCEOLA AVENUE SOUTH	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CHASSMAN, PEG	
STREET ADDRESS	9361 BEAULIERC WOODS LN N.	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARK WERNER	
1.3 STREET ADDRESS	8917 W.WESTERN WAY #7	
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32256	
2.1 TITLE	2VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HENRY JOHNSON	
2.3 STREET ADDRESS	9140 PAISLEY COURT	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GABRIEL BRAUN	
3.3 STREET ADDRESS	11263 LAKE MANDARIN CIRCLE E.	
3.4 CITY-ST-ZIP	JACKSONVILLE FL 32223	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ISABELLE SPENCE	
5.3 STREET ADDRESS	432 OSCEOLA AVE S	
5.4 CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
6.1 TITLE	1VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CHASSMAN, PEG	
6.3 STREET ADDRESS	9361 BEAULIERC WOODS LN. N.	
6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)