

FILE NOW: FILING FEE IS \$61.25

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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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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/02/1989	3a. Date of Last Report 05/28/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2091170	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HANNAN, PATRICIA I. 121 WEST FORSYTH STREET SUITE 800 JACKSONVILLE FL 32202		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1VPD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERNER, MARK	1.2 NAME	MARK WERNER
STREET ADDRESS	8917 W.WESTERN WAY #7	1.3 STREET ADDRESS	8917 W.WESTERN WAY #7
CITY-ST-ZIP	JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	VD	2.1 TITLE	2VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCE, ISABELLE	2.2 NAME	HENRY JOHNSON
STREET ADDRESS	1812 ATLANTIC BLVD	2.3 STREET ADDRESS	9140 PAISLEY COURT
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	D	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAILLARD, JACK	3.2 NAME	GABRIEL BRAUN
STREET ADDRESS	5411 ORTEGABLVD #1	3.3 STREET ADDRESS	11263 LAKE MANDARIN CIRCLE E.
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE FL 32223
TITLE	TD	4.1 TITLE	
NAME	FRANKLIN, JOHN	4.2 NAME	
STREET ADDRESS	3129 GULF LIFE DRIVE #2529	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCE, ISABELLE	5.2 NAME	ISABELLE SPENCE
STREET ADDRESS	432 OSCEOLA AVENUE SOUTH	5.3 STREET ADDRESS	432 OSCEOLA AVE S
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	5.4 CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250
TITLE	SD	6.1 TITLE	1VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASSMAN, PEG	6.2 NAME	CHASSMAN, PEG
STREET ADDRESS	9361 BEAULIERC WOODS LN N.	6.3 STREET ADDRESS	9361 BEAULIERC WOODS LN. N.
CITY-ST-ZIP	JACKSONVILLE FL	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: _____ DATE: _____ DAYTIME PHONE # 0008597

CR2E037 (9/96)