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Jun 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N43748 (5)
1. Corporation Name
NORTHEAST FLORIDA FAMILY IMPACT CENTRE, INC.



Principal Place of Business 8001 ARGYLE FOREST BOULEVARD SUITE 105 JACKSONVILLE FL 32244	Mailing Address 3371 DEERFIELD PT ORANGE PARK FL 32073 US
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3. Date Incorporated or Qualified 06/04/1991
4. FEI Number 59-3063204
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 3371 Deerfield Pt	2a. Mailing Address 26 Same
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 O.P. FL	City & State 28
Zip 24 32073	Country 25 US
Country 29	Zip 30

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HALL, WILLIAM T.
8001 ARGYLE FOREST BLVD.
SUITE 105
JACKSONVILLE FL 32244**

10. Name and Address of New Registered Agent
81 Name **Hall, Wm T.**
82 Street Address (P.O. Box Number is Not Acceptable)
3371 Deerfield Pt.
83
84 City **Orange Park** **FL** 85 Zip Code **32073**

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 **William T. Hall**

4-5-98

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D MARELL, CHARLES
STREET ADDRESS	11242 CLOVERHILL CIR N.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D MARELL CAROLYN
STREET ADDRESS	11242 CLOVERHILL CIR N.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D SHELTON, CHARLES
STREET ADDRESS	3621 CAROL ANN LN
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	V HALL, JOYCE K
STREET ADDRESS	3371 DEERFIELD POINTE
CITY-ST-ZIP	ORANGE PARK FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D Homer Ledford
1.3 STREET ADDRESS	799 Elmwood Dr
1.4 CITY-ST-ZIP	O.P. FL 32065
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Janice Ledford
2.3 STREET ADDRESS	799 Elmwood Dr
2.4 CITY-ST-ZIP	O.P. FL 32065
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D Joyce Hall
3.3 STREET ADDRESS	3371 Deerfield Pt
3.4 CITY-ST-ZIP	O.P. FL 32073
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Angela Hall ID
4.3 STREET ADDRESS	3371 Deerfield Pt.
4.4 CITY-ST-ZIP	Orange Park FL 32073
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: **Joyce K. Hall**

4-5-98 (904) 777-1623

CR2E037 (10/97)