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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 21 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

r# **N46689** 

(8)

	OF JACKSONVILLE FOUN	DATION, INC.  Mailing Address							
7507 BEACH BLVD. P O BOX 18908 JACKSONVILLE FL 32216 JACKSONVILLE FL 32245-6808									
		US			3. Date Incorporated 01/01/1992	or Qualified	3a. Date 05	of Last R /28/198	
2. Principal F	Place of Business	2a. Mailing Address	<u></u>		4. FEI Number 59-3123300	)			plied For of Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		<del></del>	5. Certificate of Status			\$8.75 / Fee Re	Additional
City & Star	te	City & State			6. Election Campaign Trust Fund Contrib	~	П	\$5.00 Added	May Be
Ζιρ	Country 25	Zip	Cour	ntry	8. This corporation ha	s liability for in	ntangible ta	x under s	
24	9. Name and Address of Curre		190]		10. Name and Addres				······································
				81 Name					
	N, PATRICIA I		ŀ	82 Street Address (P.O. Box Number is Not Acceptable)				<del></del>	
	EACH BLVD., BLDG. 2700 DNVILLE FL 32216		ŀ	83					
UNCHOC	,		<u> </u>	84 City				85 Zip	Code
							FL		
11. Pursuant	t to the provisions of Sections 617.03	NIZ AND KIZ INDK HIDRIDA SIAID			COMPONENTAL REPORTS THE STATE	ment for the Di	urpose or c	nanging ii	s registered
office or agent. L	t to the provisions of Sections 617.05 registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change was igations of, Section 617.0503, F	authorized lorida Statu	by the corp ites.	poration's board of directors. I	hereby accep	t the appoir	ntment as	registered
						hereby accep		ntment as	ragisterau
SIGNATURE	Signature, typed or printed name of registered a	rgent and little if applicable (NO	TE: Registered		required when reinstating)		DATE		
	Signature, typed or printed name of registered a OFFICERS A			Agent signature			DATE ERS AND D		IS IN 12
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A D	igent and title if applicable (NO ND DIRECTORS	TE: Registered	Agent signature	required when reinstating)		DATE ERS AND D	DIRECTOR	A
SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS A D FISHER, MICHAEL	rgent and little if applicable (NO ND DIRECTORS DELETE	TE: Registered 13, 1.1 TIT	Agent signature	required when reinstating)		DATE ERS AND D	DIRECTOR	RS IN 12
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered a OFFICERS A D FISHER, MICHAEL 2600 INDEPENDENT SQUAF	rgent and little if applicable (NO ND DIRECTORS DELETE	13. 1.1 TIT 1.2 NA 1.3 STF	Agent signature LE ME	required when reinstating)		DATE ERS AND D	DIRECTOR	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS A D FISHER, MICHAEL	rgent and little if applicable (NO ND DIRECTORS DELETE	13. 1.1 TIT 1.2 NA 1.3 STF	Agent signature LE ME REET ADDRESS Y-ST-ZIP	required when reinstating)		DATE ERS AND D	DIRECTOR	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS A D FISHER, MICHAEL 2600 INDEPENDENT SQUAF JACKSONVILLE FL 32202	Igeni and little if applicable (NO ND DIRECTORS DELETE	13. 1.1 TIT 1.2 NAI 1.3 STF	Agent alguature LE ME REET ADDRESS Y-ST-ZIP LE	required when reinstating)		DATE ERS AND D	DIRECTOR Change	RS IN 12
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1. To hereby certify that the information supplies with this filling does not qualify to the exemption stated in Section 118.073(f), Profited Statutes. The the 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 is changed, or on an attachment with an address.

Date

Daytime Phone # 0006538

SIGNATURE