

FILE NOW: FILING FEE IS \$61.25

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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48857** (9)

1. Corporation Name

FANNIEL'S BOARDING SCHOOL, INC.



Principal Place of Business	Mailing Address
820 W. BEAVER STREET JACKSONVILLE FL 32202	820 W. BEAVER STREET JACKSONVILLE FL 32202-4727

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/13/1992		3a. Date of Last Report 03/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3122526		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" 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 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FANNIEL, RONALD N SR 4812-CLYDE DR JACKSONVILLE FL 32208				81 Name RONALD N. FANNIEL, SR.			
				82 Street Address (P.O. Box Number is Not Acceptable) 820 W. BEAVER ST.			
				83			
				84 City JACKSONVILLE FL 85 Zip Code 32202			

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PT	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT / TRUSTEE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FANNIEL, RONALD N., SR.			1.2 NAME	RONALD N. FANNIEL, SR.		
STREET ADDRESS	4812 CLYDE DRIVE			1.3 STREET ADDRESS	820 W. BEAVER ST.		
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202		
TITLE	ST	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	SECRETARY / TRUSTEE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FANNIEL, LONZEL			2.2 NAME	ELDER GEORGE MATTHEWS		
STREET ADDRESS	11020 TRACI LYNN DRIVE			2.3 STREET ADDRESS	8834 CAMPHOR DR.		
CITY-ST-ZIP	JACKSONVILLE FL			2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32208		
TITLE	TT	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TREASURER / TRUSTEE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITEHEAD, ERIC F.			3.2 NAME	MRS. LIZZIE MAE FANNIEL		
STREET ADDRESS	419 DUPONT DRIVE			3.3 STREET ADDRESS	4812 CLYDE DRIVE		
CITY-ST-ZIP	TALLAHASSEE FL			3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32208		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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:

RONALD N. FANNIEL, SR. 2/4/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 0003904

CR2E037 (9/96)