

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N50328 (6)

1. Corporation Name

PROFESSIONAL DEVELOPMENT RESOURCES, INC.



Principal Place of Business

Mailing Address

9140 GOLFSIDE DR.  
SUITE 12  
JACKSONVILLE FL 32256  
US

9140 GOLFSIDE DR.  
SUITE 12  
JACKSONVILLE FL 32256  
US

3. Date Incorporated or Qualified  
08/12/1992

3a. Date of Last Report  
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 9471 Baymeadows Rd.

26 9471 Baymeadows Rd.

4. FEI Number  
59-3138625

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #301

27 #301

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

City & State

City & State

23 Jacksonville, FL

28 Jacksonville, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 32256

25 USA

29 32256

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRISTIE, LEO PH.D  
9471 BAYMEADOWS ROAD  
SUITE 301  
JACKSONVILLE FL 32256

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

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 PD ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME CHRISTIE, LEO  
STREET ADDRESS 9471 BAYMEADOWS ROAD, SUITE 301  
CITY-ST-ZIP JACKSONVILLE FL

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☒ DELETE

2.1 TITLE VPD ☐ Change ☒ Addition

NAME MARTIN, ANTONIA  
STREET ADDRESS 5419 DUKE ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32207

2.2 NAME Christie, Catherine  
2.3 STREET ADDRESS 9428 Baymeadows Rd., Suite 301  
2.4 CITY-ST-ZIP Jacksonville, FL 32256

TITLE D ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME HUBBARD, JOAN P.  
STREET ADDRESS 9471 BAYMEADOWS RD., SUITE 301  
CITY-ST-ZIP JACKSONVILLE FL

3.2 NAME  
3.3 STREET ADDRESS 3110 Spring Glen Rd.  
3.4 CITY-ST-ZIP Jacksonville, FL 32207

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.2 NAME  
4.3 STREET ADDRESS 800001745438  
4.4 CITY-ST-ZIP -03/15/96--01103--026  
\*\*\*\$1.25

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, for an attachment with an address.

SIGNATURE:

Leo Christie

3/12/96

(904) 367-0447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)