FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
MAY -1 PM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N50369** **(0)**

1. Corporation Name
JACKSONVILLE AREA CARING FOR KIDS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2653 JACKSONVILLE FL 32203-2653	P.O. BOX 2653 JACKSONVILLE FL 32203-2653

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/14/1992**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-3138630** ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) County (25) Zip (29) County (30)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **XX** **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PRINCE, M. RANDOLPH
4035 ALHAMBRA DR., W.
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: **Mary S. Cook**
82 Street Address (P.O. Box Number is Not Acceptable): **4109 Peachtree Cir. E.**
83
84 City: **Jacksonville** **FL** 85 Zip Code: **32207**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: **Mary Shepard Cook** **Mary Shepard Cook** **2-17-95**
(Typed or Printed Name of Registered Agent and Title, if Applicable) (NOTE: Registered Agent Signature Required when Submitting) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	HOBOY, MARY	12 NAME	HOBDY, MARY	Spelling Error
STREET ADDRESS	2348 MCQUADE ST.	13 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL 32209	14 CITY ST ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	BENJAMIN, AVIS	22 NAME		
STREET ADDRESS	2918 LENOX AVE.	23 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, MARY	32 NAME		
STREET ADDRESS	24 E. 4TH ST., #1	33 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP		
TITLE	AD	41 TITLE		☐ Change ☐ Addition
NAME	COOK, M S	42 NAME		
STREET ADDRESS	4109 PEACHTREE CIR., E.	43 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL 32207	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: Mary Hobdy - President **Mary Hobdy** **2-17-95** **(904)632-3171**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00248039