


FILE NOW: FILING FEE IS \$61.25

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Apr 16 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 # **N92000000982 (0)**

1. Corporation Name

**WESLEY GROUP HOME MINISTRIES OF JACKSONVILLE, IN
C.**

Principal Place of Business

Mailing Address

**1415 LA SALLE STREET
JACKSONVILLE FL 32207-3196**

**1415 LA SALLE STREET
JACKSONVILLE FL 32207-3196**

3. Date Incorporated or Qualified

12/23/1992

4. FEI Number

59-6045472

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIDDLE, BARBARA W
1415 LA SALLE STREET
JACKSONVILLE FL 32207-3113**

61 Name **Hill, Teresa L.**
62 Street Address (P.O. Box Number is Not Acceptable)
1415 LaSalle Street
63
64 City **Jacksonville** **FL** **65** Zip Code **32207**

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

Teresa L. Hill
Signature, typed or printed name of registered agent and title if applicable

Teresa L. Hill

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input type="checkbox"/> DELETE
NAME	STANDIFER, LINDA C.	
STREET ADDRESS	226 NORTH LAURA ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HASTINGS, DAVID C	
STREET ADDRESS	1415 LASALLE STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRESTON, ED	
STREET ADDRESS	4717 EMPIRE AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HILL, TERESA L.	
STREET ADDRESS	1415 LASALLE STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	QUEENER, CHARLES	
STREET ADDRESS	11635 SHERBORNE CIR N	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MASSEY, MARY A.	
STREET ADDRESS	6750 EPPING FOREST WAY, #106	
CITY-ST-ZIP	JACKSONVILLE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Debra B. Moore
2.3 STREET ADDRESS	1415 LaSalle Street
2.4 CITY-ST-ZIP	Jacksonville, FL 32207
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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:

Debra B. Moore **Debra B. Moore**

3/30/98 (904) 396-3026

CR2E037 (10/97)