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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90005 045 \*\*\*\*61.25

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1. Corporation Name

WESLEY GROUP HOME MINISTRIES OF JACKSONVILLE, IN  
C.

Principal Place of Business

1415 LA SALLE STREET  
JACKSONVILLE FL 32207-3196

Mailing Address

1415 LA SALLE STREET  
JACKSONVILLE FL 32207-3196



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/23/1992

4. FEI Number

59-6045472

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

HILL, TERESA L.  
1415 LASALLE STREET  
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

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

TITLE S ☐ DELETE

NAME STANDIFER, LINDA C.  
STREET ADDRESS 226 NORTH LAURA ST  
CITY-ST-ZIP JACKSONVILLE FL

TITLE T ☐ DELETE

NAME MOORE, DEBRA B.  
STREET ADDRESS 1415 LASALLE STREET  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D ☐ DELETE

NAME PRESTON, ED  
STREET ADDRESS 4717 EMPIRE AVE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE PD ☐ DELETE

NAME HILL, TERESA L.  
STREET ADDRESS 1415 LASALLE STREET  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☒ DELETE

NAME QUEENER, CHARLES  
STREET ADDRESS 11635 SHERBORNE CIR N  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME MASSEY, MARY A.  
STREET ADDRESS 6750 EPPING FOREST WAY, #106  
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D  
Hastings, David C.  
4329 Water Oak Lane  
Jacksonville, FL 32210

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

4/1/99 904 396 3026

CR2E037 (1/1/98)