

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001676 (6)**

1. Corporation Name

FOURTH JUDICIAL CIRCUIT CITIZENS REVIEW ADVISORY BOARD, INC.



Principal Place of Business 333 EAST BAY ST. JACKSONVILLE FL 32202	Mailing Address 333 EAST BAY ST. JACKSONVILLE FL 32202
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3. Date Incorporated or Qualified 04/14/1993
4. FEI Number 59-3201304
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 202 Wharfside Way Suite, Apt. #, etc.	2a. Mailing Address 26 202 Wharfside Way Suite, Apt. #, etc.
22 City & State 23 Jacksonville, Florida	27 City & State 28 Jacksonville, Florida
24 Zip 32207	29 Zip 32207
25 Country U.S.A.	30 Country U.S.A.

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent PITTMAN, JEANNE R 333 EAST BAY ST. JACKSONVILLE FL 32202	
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10. Name and Address of New Registered Agent	
81 Name Pittman, Jeanne R.	
82 Street Address (P.O. Box Number is Not Acceptable) 202 Wharfside Way	
83	
84 City Jacksonville	85 Zip Code FL 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 *Jeanne R. Pittman* DATE **Jan. 15, 1998**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD TISCHLER, MARION
STREET ADDRESS	333 EAST BAY STREET
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	VD JONES, ATHIEL
STREET ADDRESS	333 EAST BAY STREET
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	SD LAMMERDING, JANE
STREET ADDRESS	333 E BAY ST
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	M PITTMAN, JEANNE R
STREET ADDRESS	333 EAST BAY ST.
CITY-ST-ZIP	JACKSONVILLE FL 32202
TITLE	<input type="checkbox"/> DELETE
NAME	TD MOOREHEAD, GREGORY
STREET ADDRESS	333 EAST BAY ST.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD Tischler, Marion
1.3 STREET ADDRESS	202 Wharfside Way
1.4 CITY-ST-ZIP	Jacksonville, FL 32207
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD Jones, Athiel
2.3 STREET ADDRESS	202 Wharfside Way
2.4 CITY-ST-ZIP	Jacksonville, FL 32207
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SD Bomhard, Elizabeth
3.3 STREET ADDRESS	202 Wharfside Way
3.4 CITY-ST-ZIP	Jacksonville, FL 32207
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	M Pittman, Jeanne R.
4.3 STREET ADDRESS	202 Wharfside Way
4.4 CITY-ST-ZIP	Jacksonville, FL 32207
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TD Moorehead, Gregory
5.3 STREET ADDRESS	202 Wharfside Way
5.4 CITY-ST-ZIP	Jacksonville, FL 32207
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: *Jeanne R. Pittman* DATE: **Jan. 15, 1998 (904) 858-2917**

CR2E037 (1097)