

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N93000001676

1. Corporation Name

**FOURTH JUDICIAL CIRCUIT CITIZENS REVIEW ADVISORY
BOARD, INC.**

Principal Place of Business

202 WHARFSIDE WAY
JACKSONVILLE FL 32207
US

Mailing Address

202 WHARFSIDE WAY
JACKSONVILLE FL 32207
US

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90020 013 ****61.25

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/14/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3201304	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PITTMAN, JEANNE R 202 WHARFSIDE WAY JACKSONVILLE FL 32207				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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TISCHLER, MARION		1.2 NAME	Bonnie L. Knight	
STREET ADDRESS	202 WHARFSIDE WAY		1.3 STREET ADDRESS	202 Wharfside Way	
CITY-ST-ZIP	JACKSONVILLE FL 32207		1.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ATHIEL		2.2 NAME	JANE A. LAMMERDING	
STREET ADDRESS	202 WHARFSIDE WAY		2.3 STREET ADDRESS	202 WHARFSIDE WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32207		2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOMHARD, ELIZABETH		3.2 NAME	FRANCIS P. COTER	
STREET ADDRESS	202 WHARFSIDE WAY		3.3 STREET ADDRESS	202 WHARFSIDE WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32207		3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	M	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTMAN, JEANNE R		4.2 NAME		
STREET ADDRESS	202 WHARFSIDE WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		4.4 CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOOREHEAD, GREGORY		5.2 NAME	KATHLEEN C. ELLIS	
STREET ADDRESS	202 WHARFSIDE WAY		5.3 STREET ADDRESS	202 WHARFSIDE WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32207		5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: *Jeane R Pittman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99

Date

(904) 858-2917

Daytime Phone #

CR2E037 (11/98)