


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001703 (8)**

1. Corporation Name

**TWIN TOWERS RESIDENT COUNCIL, INC.**



Principal Place of Business <b>621 W 44TH ST APT 1 JACKSONVILLE FL 32208 US</b>	Mailing Address <b>621 W 44TH ST APT 1 JACKSONVILLE FL 32208 US</b>
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3. Date Incorporated or Qualified

**04/16/1993**

4. FEI Number

**59-3182643**

Applied For

Not Applicable

2. Principal Place of Business <b>21 621 West 44th st Suite, Apt. #, etc. 22 apt 1 City &amp; State 23 Jacksonville, Fl Zip 32208 Country Duval</b>	2a. Mailing Address <b>26 621 West 44th st Suite, Apt. #, etc. 27 apt.1 City &amp; State 28 Jacksonville, Fl Zip 32208 Country Duval</b>
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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

**BAKER, HENRY D  
621 W 44TH ST APT 1  
#1  
JACKSONVILLE FL 32208**

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 *Henry D. Baker*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-3-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, HENRY D	1.2 NAME	
STREET ADDRESS	621 W 44TH ST APT 1	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCQUEEN, HATTIE	2.2 NAME	
STREET ADDRESS	621 W 44TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JOHNNY	3.2 NAME	
STREET ADDRESS	621 W 44TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, EDITH	4.2 NAME	
STREET ADDRESS	621 W 44TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, WILLIE	5.2 NAME	
STREET ADDRESS	621 W 44TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, SHIRLEY	6.2 NAME	
STREET ADDRESS	621 W 44TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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: *Henry D. Baker*

**4-3-98 904-0385**

CR2E037 (10/97)