

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004089 (9)

1. Corporation Name

THE BRAIDS COMMITTEE, INC.



Principal Place of Business

Mailing Address

**4401 LAKESIDE DR. #704
JACKSONVILLE FL 32210**

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JACKSONVILLE FL 32210**

3. Date Incorporated or Qualified 09/10/1993	3a. Date of Last Report 02/16/1995
4. FEI Number 59-3201236	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1611 Riverside Avenue	26 1611 Riverside Avenue
Suite, Apt. #, etc. 22 #3	Suite, Apt. #, etc. 27 #3
City & State 23 Jacksonville, Florida	City & State 28 Jacksonville, Florida
Zip 24 32204	Zip 29 32204
Country 25 USA	Country 30 USA

9. Name and Address of Current Registered Agent

**HARDMAN, LOUISE O
4401 LAKESIDE DR.
#704
JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent

81 Name Louise O. Hardman
82 Street Address (P.O. Box Number is Not Acceptable) 1611 Riverside Avenue
83 #3
84 City Jacksonville
85 Zip Code FL 32204

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]

Louise O. Hardman

1-25-96

(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 NAME STREET ADDRESS CITY - ST - ZIP	CD HARDMAN, LOUISE 4401 LAKESIDE DR. #704 JACKSONVILLE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	CD Hardman, Louise O. 1611 Riverside Avenue #3 Jacksonville, Florida 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD SUSZCZYNSKI, TONY 3751 ST. JOHNS AVENUE JACKSONVILLE FL 32205	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLLINS, DEANN 2129 RIVER BLVD. JACKSONVILLE FL 32204	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SARAGA, FRIEDA 3820 LA VISTA CIRCLE NORTH #116 JACKSONVILLE FL 32217	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EDWARDS, WAYNE 4154 MARQUETTE AVENUE JACKSONVILLE FL 32210	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FORMANEK, JOHN 2321 RIVERSIDE AVENUE #B JACKSONVILLE FL 32204	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

[Signature]

Louise O. Hardman

1-25-96

904/632-0827

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E037 (12/95)