FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 AM 7:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004297 (8)

1. Corporation Name
VIKINGS PARENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2902 BENNETT ST JACKSONVILLE FL 32206	640 APPIAN WAY JACKSONVILLE FL 32208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3198870 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MERRIWEATHER, MAE
640 APPIAN WAY
JACKSONVILLE FL 32208

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	TRUSTEE	☐ Change ☑ Addition
NAME	MERRIWEATHER, MAE R	1.2 NAME	LOIS MYERS	
STREET ADDRESS	640 APPIAN WAY	1.3 STREET ADDRESS	4903 LOCKSLEY AVE	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JAX, FL 32208	
TITLE	VP	2.1 TITLE	TRUSTEE	☐ Change ☑ Addition
NAME	BROWN, SAUNDRA S	2.2 NAME	JOE SIMMONS	
STREET ADDRESS	5246 LOCKSLEY AVE	2.3 STREET ADDRESS	3259 GLENDYNE DR. E.	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JAX, FL 32216	
TITLE	S	3.1 TITLE	TRUSTEE	☐ Change ☑ Addition
NAME	WRIGHT, ANDREA	3.2 NAME	CLAUDIA RUSS	
STREET ADDRESS	4419 BADIVARE RD	3.3 STREET ADDRESS	11609 LONGWOOD KEY DR. E.	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JAX, FL 32218	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, ROSYLN	4.2 NAME		
STREET ADDRESS	1564 W 28TH ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: Mae R. Merriweather Mae R. Merriweather 3-30-95 904-391-3596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028754