

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 # N93000004297 (8)

1. Corporation Name

VIKINGS PARENT ASSOCIATION, INC.



Principal Place of Business

**2902 BENNETT ST
JACKSONVILLE FL 32206**

Mailing Address

**640 APPIAN WAY
JACKSONVILLE FL 32208**

3. Date incorporated or Qualified
09/23/1993

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MERRIWEATHER, MAE
640 APPIAN WAY
JACKSONVILLE FL 32208**

81 Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

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

Roslyn R. Williams
Signature, typed or printed name of registered agent and title if applicable.

Roslyn R. Williams
(NOTE: Registered Agent signature required when re-registering)

3/20/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	MERRIWEATHER, MAE R	
STREET ADDRESS	640 APPIAN WAY	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BROWN, SAUNDRA S	
STREET ADDRESS	5246 LOCKSLEY AVE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WRIGHT, ANDREA	
STREET ADDRESS	4419 BADIWARE RD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WILLIAMS, ROSYLN	
STREET ADDRESS	1564 W 28TH ST	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MYERS, LOIS	
STREET ADDRESS	4903 LOCKSLEY AVE.	
CITY - ST - ZIP	JAX FL 32208	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SIMMONS, JOE	
STREET ADDRESS	3259 GLENDYNE DR. EAST	
CITY - ST - ZIP	JAX FL 32216	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 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: *Mae R. Merriweather* *Mae R. Merriweather* *3-20-96* *904-391-3596*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)