

FILED

Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004861 (1)
1. Corporation Name

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THE NICOLE FOUNDATION OF THE MENTAL HEALTH CENTER OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
3333 WEST 20TH STREET JACKSONVILLE FL 32209	P. O. BOX 9010 JACKSONVILLE FL 32208 US

3. Date Incorporated or Qualified 10/25/1993	
4. FEI Number 59-3208890	Applied For
	Not Applicable

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

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		81	Name
SIKORA, GREGORY J 3333 WEST 20TH STREET JACKSONVILLE FL 32209		82	Street Address
		83	
		84	City

10. Name and Address of New Registered Agent		
s (P.O. Box Number is Not Acceptable)		
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] 7-2-98
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.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GREGORY, E.C. 11434 YELLOW TAIL COURT JACKSONVILLE FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD FLAGG, EUGENE 4271 MCDANIEL DR JACKSONVILLE FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SANDERS, DEBORAH 11425 HOBART BLVD. JACKSONVILLE FL	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LEWIS, CHARLES W. 5307 FLEET LANDING BLVD. ATLANTIC BEACH FL	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

[illegible]

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: Charles W. Lewis Charles W. Lewis 4/3/98 (904)247-6735

CPR2E037 (10/97)