

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

DOCUMENT # **N93000005193 (8)**

1. Corporation Name

**VOLUNTEER JACKSONVILLE FOUNDATION, INC.**



Principal Place of Business

Mailing Address

**4049 WOODCOCK DR  
S100  
JACKSONVILLE FL 32207  
US**

**4049 WOODCOCK DR  
S100  
JACKSONVILLE FL 32207-2706  
US**

3. Date Incorporated or Qualified  
**11/17/1993**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**23** City & State

**28** City & State

**24** Zip

**25** Country

**29** Zip

**30** Country

4. FEI Number

**59-3214523**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**SMITH, JUDITH A M  
4049 WOODCOCK DR  
STE 100  
JACKSONVILLE FL 32207**

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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **THARIN, JUDSON M.**  
STREET ADDRESS **111 RIVERSIDE AVENUE, SUITE 130**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☒ DELETE  
NAME **GARTNER, JANET**  
STREET ADDRESS **558 SAN ROBAR DRIVE**  
CITY-ST-ZIP **ORANGE PARK FL**

TITLE **D** ☐ DELETE  
NAME **BROTMAN, SOL**  
STREET ADDRESS **3647 HENDRICKS AVE**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☒ DELETE  
NAME **RICE, JIM**  
STREET ADDRESS **6601 CHESTER AVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☒ Change ☐ Addition  
1.2 NAME **BROTMAN, SOL**  
1.3 STREET ADDRESS **3647 HENDRICKS AVENUE**  
1.4 CITY-ST-ZIP **JACKSONVILLE, FL 32207**

2.1 TITLE **T/D** ☒ Change ☐ Addition  
2.2 NAME **DIETERLE, DAN**  
2.3 STREET ADDRESS **806 RIVERSIDE AVENUE**  
2.4 CITY-ST-ZIP **JACKSONVILLE, FL 32204**

3.1 TITLE **V/D** ☒ Change ☐ Addition  
3.2 NAME **BRUNSON, LAURA JO**  
3.3 STREET ADDRESS **9432 BAYMEADOWS ROAD, SUITE 150**  
3.4 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

4.1 TITLE **S/D** ☒ Change ☐ Addition  
4.2 NAME **JEFFERSON, TOI**  
4.3 STREET ADDRESS **ONE RIVERSIDE AVENUE**  
4.4 CITY-ST-ZIP **JACKSONVILLE, FL 32231**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

*Loi Jefferson* **REGISTERED PERSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/97 (904) 359-4411

Date

Daytime Phone #0004962

CR2E037 (9/96)