SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N94000000894**

1. Corporation Name

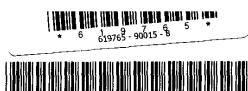
THE EAST FLORIDA CONFERENCE, INC.

Principal Place of Business 101 EAST UNION STREET.. STE 301 Mailing Address

101 EAST UNION STREET.. STE 301

FILED Sep 24, 1999 8:00 am Secretary of State

09-24-1999 90015 001 ***857.50



JACKSONVILLE FL 32202		JACKSONVILLE FL 32202)		
2. Principal Place of Business		2a. Mailing Address			3. Date Incorporated or Qualifed 02/17/1994		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 53-0204696	4. FEI Number Applied For 53-0204696 Not Applicab		
City & State		City & State			\$8.75 Additional		
23		28			5. Certifcate of Status Desired	Fee Required	
Zip			Country	,	6. Election Campaign Financing		00 May Be
24	25		0		Trust Fund Contribution	Add	ed to Fees
	9. Name and Address of Current	t Registered Agent	81	Name	10. Name and Address of New Reg	istered Agent	
			[0.				
DESUE, THOMAS B			82	Street /	Address (P.O. Box Number is Not Acceptable)	
	UNION STREET., STE 301	:	83	 			
JACKSUN	WILLE FL 32202			<u> </u>			
			84	City		FL 85 Z	ip Code
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aut	horized by	the corpo	corporation submits this statement for the pur oration's board of directors. I hereby accept the	pose of changing le appointment as	its registered registered
SIGNATURE						DATE	
12.	Signature, typed or printed name of registered agent		egistered Age	nt signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFIC		TORS IN 12
TITLE	P	DELETE	1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Chan	
NAME	CUMMINGS, FRANK C		1.2 NAME	}			
STREET ADDRESS	11857 HONEY LOCUST DR		1.3 STREE	T ADDRESS (
CITY-ST-ZIP	JACKSONVILLE FL 32223		1.4 CITY-S	IT-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			Chan	ge 🗌 Addition
NAME	SHEHEE, T. E		2.2 NAME	ľ			
STREET ADDRESS	1649 KINGS ROAD		2.3 STREE	TAODRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32209	·	2.4 CITY-	ST-ZIP			
TITLE	D	DELETE 3.1 TI		1	-	☐ Chan	ge
NAME	DESUE, THOMAS B		3.2 NAME				
STREET ADDRESS	1690 RIBAULT SCENIC DR			T ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32208	□ DELETE	3.4. CITY-5	ST-ZIP		Chan	ge Addition
TITLE	D	DELETE 4.1 m		}		£ Citani	ae Madiiou
NAME	WHITE, KENNETH 60 BEACON MILL LANE		4. 2 NAME	T ADDRESS			
STREET ADDRESS	PALM COAST FL 32189						i
CITY-ST-ZIP	S	☐ DELETE	4.4 CITY-S 5.1 TITLE	11-41		☐ Chan	ge Addition
NAME	MITCHELL, MICHAEL L		5.2 NAME			_ `	j
STREET ADDRESS	913 W. 5TH STREET		5.3 STREE	T ADDRESS			ĺ
CITY-ST-ZIP	JACKSONVILLE FL 32209		5.4 CITY-S	T-ZIP			
TITLE	V	☐ DELETE	6.1 TITLE			Chang	ge Addition
NAME	BLOUNT, JAMES T		6.2 NAME	\mathcal{D}	James T. Blount		
STREET ADDRESS	201 E. BEAVER ST		6.3 STREE	T ADDRESS	James T. Blount 85 Central Avenu	ب	
CITY_ST_7ID	JACKSONVIVIE FL 32202		6.4 CITY-S	T-ZIP	St Augustine Ile	2 184	}

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, with all other like empowered.

SIGNATURE:

Daytime Phone #

CR2E037 (5/99)