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Feb 11 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 # N94000001531 (2)

1. Corporation Name

THE MINORITY AIDS COALITION OF JACKSONVILLE, INC



Principal Place of Business

Mailing Address

330 W STATE STREET JACKSONVILLE FL 32202

P.O. BOX 41486 JACKSONVILLE FL 32203-1486 US

3. Date Incorporated or Qualified  
03/29/1994

3a. Date of Last Report  
02/16/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-3274346

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, DERYA  
330 W STATE STREET  
JACKSONVILLE FL 32202

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
NAME WILLIAMS, DERYA  
STREET ADDRESS 1538 WINDY OAKS DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32205

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME NASH, JACQUELYN  
STREET ADDRESS 3025 ALTAMONT AVE, E  
CITY-ST-ZIP JACKSONVILLE FL 32208

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE S  DELETE  
NAME CARTER, DEBORAH  
STREET ADDRESS 803 EOOD WOOD HILL DR  
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME FORMANEK, JOHN  
STREET ADDRESS 2321 B RIVERSIDE AVE  
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME STEPHENS, DELENA  
STREET ADDRESS 3118 WINTON DR  
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE D  DELETE  
NAME MOORE, JOHNETTA  
STREET ADDRESS 12877 BISCAYNE LAKE DR.  
CITY-ST-ZIP JACKSONVILLE FL

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)(f), 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 *DERYA WILLIAMS* DERYA WILLIAMS 2/10/97 904 1011

CR2E037 (9/96)