

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90112 031 ****70.00

0000346

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000001531

1. Corporation Name

THE MINORITY AIDS COALITION OF JACKSONVILLE, INC

Principal Place of Business

330 W STATE STREET
 JACKSONVILLE FL 32202

Mailing Address

P.O. BOX 41486
 JACKSONVILLE FL 32203
 US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

03/29/1994

4. FEI Number

59-3274346

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

9. Name and Address of Current Registered Agent

WILLIAMS, DERYA
330 W STATE STREET
JACKSONVILLE FL 32202

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 signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE DELETE

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

TITLE DELETE

NAME **S BUTLER, WILHELMINA**
 STREET ADDRESS **6216 DELLA CT**
 CITY-ST-ZIP **JACKSONVILLE FL 32009**

TITLE DELETE

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

TITLE DELETE

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

TITLE DELETE

NAME **D MOORE, JOHNETTA**
 STREET ADDRESS **12677 BISCAYNE LAKE DR.**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-99 904-359-6571
 Date Daytime Phone #

CR2E037 (11/98)