

FILE NOW: FILING FEE IS \$61.25

FILED
May 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003172 (3)**

1. Corporation Name

AMERICA'S FUTURE, INC.

Principal Place of Business

**4104 LENOX AV. SUITE 04
JACKSONVILLE FL 32205
US**

Mailing Address

**4104 LENOX AV. SUITE 04
JACKSONVILLE FL 32205
US**

2. Principal Place of Business

21 3963-2 Conference Center

22 Suite 133

City & State

23 Jacksonville FL

24 32210

Country

25 USA

2a. Mailing Address

26 3963-2 Conference Center

27 Suite 133

City & State

28 Jacksonville FL

29 32210

Country

30 USA

9. Name and Address of Current Registered Agent

**HUBBS, WILLIAM D
4104 LENOX AV. SUITE 04
JACKSONVILLE FL 32205**

3. Date Incorporated or Qualified

06/23/1994

4. FEI Number

59-3337775

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**

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

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	D	<input type="checkbox"/> DELETE
NAME	BOYKINS, STEPHEN C	
STREET ADDRESS	454 CRABAPPLE CT STE 1-A	
CITY-ST-ZIP	ORANGE PARK FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	JACOBS, JERRY L	
STREET ADDRESS	11724 TYNDEL CREEK DR	
CITY-ST-ZIP	JACKSONVILLE FL 32205	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HUBBS, WILLIAM D	
STREET ADDRESS	2204 HIDDEN WATERS DR. WEST	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Handwritten signatures]*

CP2E037 (10/97)