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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N94000003387

1. Corporation Name

THE SILVER CORD, INC.

Principal Place of Business

101 CENTURY 21 DR
~~112~~
JACKSONVILLE FL 32216
US

Mailing Address

101 CENTURY 21 DR
~~112~~
JACKSONVILLE FL 32216
US



2. Principal Place of Business

21 Suite Apt. #, etc.
206

22 City & State

23 Zip Country
25

2a. Mailing Address

26 Suite Apt. #, etc.
206

27 City & State

28 Zip Country
30

3. Date Incorporated or Qualified

07/05/1994

4. FEI Number
59-3249651

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

CLARY, PATRICIA M
101 CENTURY 21 DR
SUITE ~~112~~
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **#206**

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 PD
NAME CLARY, PATRICIA M
STREET ADDRESS 14354 SANDYRUN LANE
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE TD
NAME BROWN, JULIE A
STREET ADDRESS 10020 ALVIN COURT
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE SD
NAME WALTON, JANENE M
STREET ADDRESS 1644 W. EDGEWOOD AVENUE
CITY-ST-ZIP INDIANAPOLIS IN ☐ DELETE

TITLE VP
NAME CLARK, KRISTIN
STREET ADDRESS 79 NAUGATUCK DRIVE
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 10941 Whitworth Ct.
1.4 CITY-ST-ZIP 32225

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)