FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004485 (8)

1. Corporation Name

G & M COMMUNITY HELP AND COUNSELING SERVICES, IN C.

Principal Place of Business	Mailing Address
5045 SOUTEL DRIVE #60 JACKSONVILLE FL 32208	5045 SOUTEL DRIVE #60 JACKSONVILLE FL 32208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1994
3a. Date of Last Report:
4. FEI Number: 593277378 ☐ Applied For ☐ Not Applicable

	Principal Place of Business	Mailing Address
2. / 2a.	21 4956 Soutel drive	26 4956 Soutel drive
Suite, Apt. #, etc.	22	27
City & State	23 Jacksonville FL	28 Jacksonville FL
Zip / Country	24 32208 / 25 USA	29 32208 / 30 USA

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

SMITH, MARILYNN A
1115 TURTLE CREEK DRIVE S
JACKSONVILLE FL 32218

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 607.0502 and 607.1508, 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 607.0505, 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	P	11 TITLE D	☑ Change ☐ Addition
NAME	BROWN, MAURICE	12 NAME	Sybil Simpson
STREET ADDRESS	2771-7 MONUMENT ROAD	13 STREET ADDRESS	1202 MAITLAND AVE #2
CITY-ST-ZIP	JACKSONVILLE FL 32225	14 CITY-ST-ZIP	JAX FL 32211 (Vice Chairman Director)
TITLE	T	21 TITLE D	☑ Change ☐ Addition
NAME	JACKSON, CHARLES	22 NAME	George Lee
STREET ADDRESS	2527 ABERCORN ROAD	23 STREET ADDRESS	125 summer tree ct
CITY-ST-ZIP	JACKSONVILLE FL 32211	24 CITY-ST-ZIP	Ponte Vedra Beach 32233 (Chairman Director)
TITLE	V	31 TITLE D	☑ Change ☐ Addition
NAME	SMITH, MARILYN A	32 NAME	Debbie P. Gordon
STREET ADDRESS	1115 TURTLE CREEK DRIVE S	33 STREET ADDRESS	851-1 Bert Rd
CITY-ST-ZIP	JACKSONVILLE FL 32208	34 CITY-ST-ZIP	JAX FL 32211 (Secretary Director)
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: George F. Lee 3-29-95 904-279-6150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000273