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Jun 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000004485(8)

1. Corporation Name

G + M Community Help AND Counseling
Services, INC.

Principal Place of Business

Mailing Address

9951 ATLANTIC BLVD
SUITE 108
JACKSONVILLE, FL 32225

1115 Turtle Creek Dr S.
JACKSONVILLE, FL
32218

2. Principal Place of Business

2a. Mailing Address

21 9951 ATLANTIC BLVD
22 SUITE, Apt. #, etc
22 108

26 1115 Turtle Creek Dr. S.
27 SUITE, Apt. #, etc.

23 JACKSONVILLE FLORIDA
24 32225
25 ~~FLORIDA~~ USA

28 JACKSONVILLE FLORIDA
29 32218
30 ~~FLORIDA~~ USA

3. Date Incorporated or Qualified

3a. Date of Last Report

09/13/1994

4. FEI Number

Applied For

593277378

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

MARILYNN SMITH BAHARI
1115 Turtle Creek Drive S.
JACKSONVILLE FL 32218

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 ☐ DELETE
NAME MAURICE BAHARI
STREET ADDRESS 1115 Turtle Creek Dr S.
CITY-ST-ZIP JACKSONVILLE FLORIDA 32218

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME GEORGE LEE
STREET ADDRESS 125 SUMMER TREE CT
CITY-ST-ZIP PONTE VEDRA BEACH 32233

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME DEBBIE GORDON
STREET ADDRESS 851- BERT RD
CITY-ST-ZIP JACKSONVILLE FL 32211

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. I do 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: MAURICE B. BAHARI MAURICE B. BAHARI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-21-97

Date

904 6963975

Daytime Phone #

CR2E037 (9/96)