

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000004910 (5)  
 1. Corporation Name

FOSTER GRANDPARENT PROGRAM OF JACKSONVILLE ADVISORY COUNCIL, INC.



Principal Place of Business: 150 E FIRST STREET JACKSONVILLE FL 32206  
 Mailing Address: 150 E FIRST STREET JACKSONVILLE FL 32206

3. Date Incorporated or Qualified: 10/03/1994  
 3a. Date of Last Report: 05/01/1995  
 4. FEI Number: 59-3296277  
 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  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
 2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

STEINKE, JANNA  
 150 E FIRST STREET  
 JACKSONVILLE FL 32206

10. Name and Address of New Registered Agent

81 Name: Sharel Grissett  
 82 Street Address (P.O. Box Number is Not Acceptable): 150 East First Street  
 83 City: Jacksonville, FL 32206  
 84 City: Jacksonville FL 85 Zip Code: 32206

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: *Sharel L. Grissett*  
 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	<input type="checkbox"/> DELETE
NAME	HARDING, ROBERT	
STREET ADDRESS	4031 COBALT AVE EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CROZIER, JANET	
STREET ADDRESS	2770 GREEN BAY LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BOYLE, VERA	
STREET ADDRESS	807 NIRA STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMPSON, JAYNE O	
STREET ADDRESS	100 FESTIVAL PARK AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUTH, JAMES A	
STREET ADDRESS	DUVAL COUNTY COURTHOUSE	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Janet Earls	
1.3 STREET ADDRESS	4443 Gentle Knoll Drive	
1.4 CITY-ST-ZIP	Jacksonville, FL 32258	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jayne Owens-Thompson	
2.3 STREET ADDRESS	4019 Blvd Center Dr. Bldg D	
2.4 CITY-ST-ZIP	Jacksonville, FL 32207	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Monica Harrell	
3.3 STREET ADDRESS	1245 Rowe Avenue	
3.4 CITY-ST-ZIP	Jacksonville, FL 32208	
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 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)(k), 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: *Janet Earls*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/96 904-260-9944  
 Date Daytime Phone #

CR2E037 (3/96)