

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

Mailing Address

150 E FIRST STREET
JACKSONVILLE FL 32206

150 E FIRST STREET
JACKSONVILLE FL 32206

3. Date Incorporated or Qualified
10/03/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEINKE, JANNA
150 E FIRST STREET
JACKSONVILLE FL 32206

81 Name

Sharel Grissett

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

150 East First Street

83

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
HARDING, ROBERT
4031 COBALT AVE EAST
JACKSONVILLE FL 32210

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

PD
Janet Earls
4443 Gentle Knoll Drive
Jacksonville, FL 32258

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
CROZIER, JANET
2770 GREEN BAY LANE
JACKSONVILLE FL 32207

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

VD
Jayne Owens-Thompson
4019 Blvd Center Dr. Bldg D
Jacksonville, FL 32207

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
BOYLE, VERA
807 NIRA STREET
JACKSONVILLE FL 32207

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

STD
Monica Harrell
1245 Rowe Avenue
Jacksonville, FL 32208

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
THOMPSON, JAYNE O
100 FESTIVAL PARK AVE
JACKSONVILLE FL 32202

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
RUTH, JAMES A
DUVAL COUNTY COURTHOUSE
JACKSONVILLE FL 32202

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
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

Date

904-260-9944

Daytime Phone #

0001656

CR2E037 (3/96)