NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9400004910

1. Corporation Name

FOSTER GRANDPARENT PROGRAM OF JACKSONVILLE ADVIS ORY COUNCIL, INC.

Principal Place of Business
150 E FIRST STREET
JACKSONVILLE FL 32206

Mailing Address

## FILED Aug 02, 1999 8:00 am Secretary of State

08-02-1999 90006 050 \*\*\*\*61.25



150 E FIRST STREET  JACKSONVILLE FL 32206  150 E FIRST STREET  JACKSONVILLE FL 32206  JACKSONVILLE FL 32206							
21	lace of Business	2a. Mailing Address 26				3. Date Incorporated or Qualifed 10/03/1994	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				•		4. FEI Number Applied For S9-3296277 Not Applicable	
City & State		City & State				5. Certificate of Status Desired \$8.75 Additional	
23		28				Fee Required	
Zip 24			untry		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
24 25 29 3  9. Name and Address of Current Registered Agent			30	Ţ-	<del></del>	10. Name and Address of New Registered Agent	
				81	Name C	sharel Grissett-Macon	
GRISSETT, SHAREL				82	Street Add	Iress (P.O. Box Number is Not Acceptable)	
	st street			83	·		
JACKSON	VILLE FL 32206						
				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 agen				t signature require	ed when reinstating)  DATE  DATE	
12.		D DIRECTORS	13.	TILE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ☐ Change ☐ Addition	
TITLE NAME	PD Parker, Dianne			IAME	{	_ claige	
STREET ADDRESS	924 CRESSWELL LANE W.				ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32221		ı	CITY-ST			
TITLE	VD	DELET		TILE		☐ Change ☐ Addition	
NAME	OWENS-THOMPSON, JAYNE		2.2 N	AME	[		
STREET ADDRESS	4019 BLVD CENTER DR BLDG	В	2.3 \$	TREET	ADDRESS	· ·	
CITY-ST-ZIP	JACKSONVILLE FL	Class F		CITY-5	T-ZIP	☐ Change ☐ Addition	
TITLE	STD MONICA	DELET	1	TILE	}	Change Muddon	
NAME STREET ADDRESS	HARRELL, MONICA 1245 ROWE AVENUE			AME TREET	ADDRESS		
GITY-ST-ZIP	JACKSONVILLE FL		1	CITY-ST			
TITLE	D	☐ DELET		TILE		☐ Change ☐ Addition	
NAME	THOMPSON, JAYNE O		4. 21	NAME	. {		
STREET ADDRESS	100 FESTIVAL PARK AVE		4.3 9	TREET	ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32202			ITY-ST	-ZIP		
TITLE	D	☐ DELET		ITLE IAME	)	☐ Change ☐ Addition	
NAME	RUTH, JAMES A	<u>-</u>	- I		ADDRESS		
STREET ADDRESS	DUVAL COUNTY COURTHOUS!	:		ity-st	1		
CITY-ST-ZIP	JACKSONVILLE FL 32202	□ DELE1		TLE	<del></del>	Change Addition	
NAME A 1 S		<del>_</del> - <del></del>	T.	IAME	}		
STREET ADDRESS	<del> </del>		6.3 8	TREET	ADDRESS		
CITY-ST-ZIP			6.4 0	TY-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.