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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004998

1. Corporation Name

ENTERPRISE NORTH FLORIDA CORPORATION

Principal Place of Business

7400 BAYMEADOWS WAY
STE 201
JACKSONVILLE FL 32256
US

Mailing Address

7400 BAYMEADOWS WAY
STE 201
JACKSONVILLE FL 32256
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/11/1994

4. FEI Number

59-3333217

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHILLIPS, PAMELA
50 NORTH LAURA STREET
STE 2800
JACKSONVILLE FL 32202

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

TITLE PD ☐ DELETE

NAME CHENEY, ANDREW B
STREET ADDRESS 50 NORTH LAURA ST 24TH FLOOR
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE PD ☐ DELETE

NAME ROSSITER, ALAN W
STREET ADDRESS 10401 DEERWOOD PARK BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE PD ☐ DELETE

NAME CLARKSON, CHARLES
STREET ADDRESS 3100 UNIVERSITY BLVD, STE 200
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE PD ☐ DELETE

NAME BUSSELLS, WALT
STREET ADDRESS 21 W CHURCH ST
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE D ☐ DELETE

NAME MALLOT, JERRY
STREET ADDRESS THREE INDEPENDANT DR
CITY-ST-ZIP JACKSONVILLE FL 32073

TITLE D ☐ DELETE

NAME SCHWENCK, PRICE
STREET ADDRESS 225 WATER ST, 2ND FLOOR
CITY-ST-ZIP JACKSONVILLE FL 32202

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-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.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904/730-4700