FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
96 SEP 24 PM 3:29

DOCUMENT # N94000005239 (8)

1. Corporation Name
JUST "FORKIDS " FOUNDATION, INC.

Principal Place of Business	Mailing Address
1301 RIVERPLACE BLVD SUITE 2552 JACKSONVILLE FL 32207 US	1301 RIVERPLACE BLVD SUITE 2552 JACKSONVILLE FL 32207 US

3. Date Incorporated or Qualified: 10/21/1994
3a. Date of Last Report: 05/01/1995

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

4. FEI Number ~~APPLIED FOR~~ 59-3383420 ☐ 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
ALLEN, LAURA H 200 LAURA STREET 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	PRESIDENT, TREASURER SECRETARY	☐ Change ☒ Addition
NAME	ALLEN, LAURA HENRY		1.2 NAME		
STREET ADDRESS	200 LAURA STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32202		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	PRESIDENT, TREASURER	☐ Change ☒ Addition
NAME	ALLEN, JOHN J		2.2 NAME		
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 2552		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME	WALCHLE, MARIE S		3.2 NAME		
STREET ADDRESS	737 SPINNAKERS REACH		3.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32085		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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: _____ JOHN J. ALLEN 4-29-96 904-391-0008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #