

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N94000006046

Corporation Name

Uptown Civitan Charitable Foundation, Inc.

Principal Place of Business

Mailing Address

4417 Beach Blvd., #306
Jacksonville, FL 32207-4732

FILED

99 MAY -7 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97-99

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1 P.O. Box 10266		26 P.O. Box 10266		12/9/94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
2		27		59-3296095	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
3 Jacksonville, FL		28 Jacksonville, FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution <input type="checkbox"/>	
4 32247-0266 25 USA		29 32247-0266 30 USA			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
Smith, Hulsey & Busey, P.A. 1800 First Union National Bank Tower 225 Water Street Jacksonville, FL 32202				81 Name Jan Barnes	
				82 Street Address (P.O. Box Number is Not Acceptable) 14140 Mandarin Road	
				83	
				84 City Jacksonville, FL 85 Zip Code 32223	
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 <i>Jan Barnes</i> DATE 4/12/99					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE President <input checked="" type="checkbox"/> DELETE			1.1 TITLE President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME Dorcas Tanner			1.2 NAME Nina M. Waters		
STREET ADDRESS 3311 Beach Blvd.			1.3 STREET ADDRESS 2916 University Blvd. West		
CITY-ST-ZIP Jacksonville, FL 32207-1462			1.4 CITY-ST-ZIP Jacksonville, FL 32217-2151		
TITLE Secretary/Director <input checked="" type="checkbox"/> DELETE			2.1 TITLE President-Elect/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME Twinda Braswell			2.2 NAME M. Elaine Hall		
STREET ADDRESS 100 Festival Park Avenue			2.3 STREET ADDRESS 8160 Baymeadows Way West, Ste. 310		
CITY-ST-ZIP Jacksonville, FL 32202-1397			2.4 CITY-ST-ZIP Jacksonville, FL 32256-7447		
TITLE Vice-Pres./Director <input checked="" type="checkbox"/> DELETE			3.1 TITLE Vice-President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME Alicia Grant			3.2 NAME Lynda M. Steele		
STREET ADDRESS 3575 Riverside Avenue			3.3 STREET ADDRESS 8589 Florence Cove Road		
CITY-ST-ZIP Jacksonville, FL 32225-2829			3.4 CITY-ST-ZIP St. Augustine, FL 32092		
TITLE Treasurer/Director <input checked="" type="checkbox"/> DELETE			4.1 TITLE Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME Betsy Caplan			4.2 NAME Jan Barnes		
STREET ADDRESS 4417 Beach Blvd., Suite 306			4.3 STREET ADDRESS 14140 Mandarin Road		
CITY-ST-ZIP Jacksonville, FL 32207			4.4 CITY-ST-ZIP Jacksonville, FL 32223-2550		
TITLE Director <input checked="" type="checkbox"/> DELETE			5.1 TITLE Secretary/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME Gwen Scott			5.2 NAME Mattie J. Fraser		
STREET ADDRESS 1563 Windy Oaks Drive West			5.3 STREET ADDRESS 100 Festival Park Avenue		
CITY-ST-ZIP Jacksonville, FL 32225-2829			5.4 CITY-ST-ZIP Jacksonville, FL 32202-1397		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
			000002883020-6		
			-05/21/93--01033--019		
			****358.75 ****358.75		

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: *M. Elaine Hall* M. Elaine Hall 4/12/99 (904) 730-7433