

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

DOCUMENT # N95000001482 (7)

1. Corporation Name

JACKSONVILLE FRIENDS OF LILLIAN TRASHER ORPHANAGE, INC.



Principal Place of Business

Mailing Address

% MAHONEY ADAMS & CRISER, P.A.
50 NORTH LAURA STREET 3400 BARNETT CENTER
JACKSONVILLE FL 32202

% MAHONEY ADAMS & CRISER, P.A.
50 NORTH LAURA STREET 3400 BARNETT CENTER
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified
03/29/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

59-3311214

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

22

27

23

28

24

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAX CO.
3400 BARNETT CENTER
50 N. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DEMETRIUS, ADEL H
STREET ADDRESS 69 W. GRANADA BLVD.
CITY-ST-ZIP ORMOND BEACH FL 32174

☐ DELETE

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

☐ Change ☐ Addition

TITLE VD
NAME CORBY, CATHERINE V
STREET ADDRESS 4140 STRATFORD WAY
CITY-ST-ZIP JACKSONVILLE FL 32225

☐ DELETE

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

☐ Change ☐ Addition

TITLE SD
NAME LENTZ, ANITA
STREET ADDRESS 3118 WOODTOP DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32277

☐ DELETE

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

☐ Change ☐ Addition

TITLE TD
NAME MASSOUD, SABRY
STREET ADDRESS 2771 STONEHEDGE COURT
CITY-ST-ZIP JACKSONVILLE FL 32224

☐ DELETE

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

☐ Change ☐ Addition

TITLE D
NAME RICE, LINDA
STREET ADDRESS P.O. BOX 52691
CITY-ST-ZIP JACKSONVILLE FL 32201

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

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:

Linda Carter-Rice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96
Date

**(904)
791-7254**
Daytime Phone #

CR2E037 (12/95)