


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jun 27 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mörtham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000001482 (7)**  
 1. Corporation Name  
**JACKSONVILLE FRIENDS OF LILLIAN TRASHER ORPHANAG E, 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 32202-3664



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

3. Date Incorporated or Qualified <b>03/29/1995</b>	3a. Date of Last Report <b>03/27/1996</b>
4. FEI Number <b>59-3311214</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RAX CO.  
3400 BARNETT CENTER  
50 N. LAURA STREET  
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DEMETRIOUS, ADEL H	
STREET ADDRESS	69 W. GRANADA BLVD.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CORBY, CATHERINE V	
STREET ADDRESS	4140 STRATFORD WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LENTZ, ANITA	
STREET ADDRESS	3118 WOODTOP DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MASSOUD, SABRY	
STREET ADDRESS	2771 STONEHEDGE COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARTER-RICE, LINDA	
STREET ADDRESS	P.O. BOX 52691	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CARTER-RICE, LINDA	
1.3 STREET ADDRESS	P.O. BOX 52691 (NA)	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32289-8709	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

CFR2E037 (9/96)