


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000001538 (6) 1. Corporation Name JACKSONVILLE COMMUNITY ACCESS NETWORK, INC.			
Principal Place of Business		Mailing Address	
200 WEST FORSYTH STREET, SUITE 1730 JACKSONVILLE FL 32202		200 WEST FORSYTH STREET, SUITE 1730 JACKSONVILLE FL 32202-4359	
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	Country
24	Country	29	Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DRAUGHON, RICHARD S 200 WEST FORSYTH STREET, SUITE 1730 JACKSONVILLE FL 32202		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.		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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	DE FREUDNETHAL, SCOTT DE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4021 PALM WAY	1.2 NAME	Toni, MARSHALL
STREET ADDRESS	JACKSONVILLE FL	1.3 STREET ADDRESS	4117 Rollwood Ct.
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	Jacksonville, FL 32257
TITLE	D DE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORMANDY, DENNIS	2.2 NAME	
STREET ADDRESS	11807 TANAGER DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	
TITLE	D DE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODS, LARRY D	3.2 NAME	David Swain
STREET ADDRESS	4253 BUCK POINT ROAD	3.3 STREET ADDRESS	5400 La Moya Ave. #17
CITY - ST - ZIP	JACKSONVILLE FL 32210	3.4 CITY - ST - ZIP	Jacksonville, FL 32210
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, PAUL R	4.2 NAME	
STREET ADDRESS	4730 WASSAIL DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32257	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLADE, ANNA	5.2 NAME	
STREET ADDRESS	2334 BROADMOOR LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32207	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREUDNETHAL, SCOTT	6.2 NAME	
STREET ADDRESS	4021 PALM WAY	6.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE BEACH FL 32250	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)(l), 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:		4-1-97 904-396-305	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone 6003971	

CR2E037 (9/96)