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Secretary of State

05-08-1999 90072 029 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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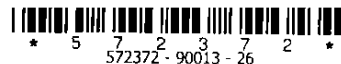
1. Corporation Name

JACKSONVILLE COMMUNITY ACCESS NETWORK, INC.

Principal Place of Business

200 WEST FORSYTH STREET, SUITE 1730
JACKSONVILLE FL 32202

Mailing Address

200 WEST FORSYTH STREET, SUITE 1730
JACKSONVILLE FL 32202

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/03/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3307212	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24		29		30	

9. Name and Address of Current Registered Agent

DRAUGHON, RICHARD S
200 WEST FORSYTH STREET, SUITE 1730
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P, D
NAME	MARSHALL, TONI	1.2 NAME	
STREET ADDRESS	4117 ROLLINGWOOD CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	S, D
NAME	SWAIN, DAVID	2.2 NAME	
STREET ADDRESS	5400 LAMOYA AVE #17	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	T, D
NAME	GREER, LEWIS	3.2 NAME	
STREET ADDRESS	807 HENRY SMITH RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HILLIARD FL 32046	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	BLADE, ANNA	4.2 NAME	
STREET ADDRESS	2334 BROADMOOR LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	Freudenthal
NAME	FREUDNETHAL, SCOTT	5.2 NAME	
STREET ADDRESS	4021 PALM WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Amended 6-7-99
David Swain

DAVID SWAIN 1-28-99 904-796-3052

CR2E037 (1/98)