


FILE NOW: FILING FEE IS \$61.25

FILED  
Aug 21 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N95000002828 (0)</b> 1. Corporation Name <b>THE WHARF CHARITY, INC.</b>					
Principal Place of Business <b>50 N. Laura St.          3300 Barnett Center          Jacksonville, FL 32202</b>			Mailing Address <b>50 N. Laura St.          3300 Barnett Center          Jacksonville, FL 32202</b>		
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		<b>3. Date Incorporated or Qualified</b> <b>06/16/95</b> <b>3a. Date of Last Report</b> <b>06/16/95</b> <b>4. FEI Number</b> <b>59-3319830</b> <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> <b>RAX Co</b> <b>50 N. Laura Street</b> <b>3300 Barnett Center</b> <b>Jacksonville, FL 32202</b>			<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>12. OFFICERS AND DIRECTORS</b>			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>Alvarez, Warren</b> STREET ADDRESS <b>1350 Tradeport Dr.</b> CITY-ST-ZIP <b>Jacksonville, FL 32218</b>			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <b>D/S</b> <input type="checkbox"/> DELETE NAME <b>Berry, Richard</b> STREET ADDRESS <b>1106 Baisden Road</b> CITY-ST-ZIP <b>Jacksonville, FL 32218</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <b>D/VC</b> <input type="checkbox"/> DELETE NAME <b>Braddock, Grady</b> STREET ADDRESS <b>5320 Springfield Blvd.</b> CITY-ST-ZIP <b>Jacksonville, FL 32208</b>			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>Godbold, Jake</b> STREET ADDRESS <b>14667 Capstan Drive</b> CITY-ST-ZIP <b>Jacksonville, FL 32226</b>			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>Hammock, George</b> STREET ADDRESS <b>9172 August Drive</b> CITY-ST-ZIP <b>Jacksonville, FL 32226</b>			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <b>D/C</b> <input type="checkbox"/> DELETE NAME <b>Hopper, Tom</b> STREET ADDRESS <b>8132 Trout River Drive</b> CITY-ST-ZIP <b>Jacksonville, FL 32208</b>			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE: Richard P. Berry</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>August 11, 1997</b> Date <b>751-3723</b> Daytime Phone #		

CR2E037 (9/96)