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 # **N95000002986 (6)**

1. Corporation Name

MARY L. SINGLETON SOCIETY FOR JUSTICE, PEACE AND SOCIAL HARMONY, INC.

Principal Place of Business	Mailing Address
4347-4 UNIVERSITY BLVD. SOUTH JACKSONVILLE FL 32216	4347-4 UNIVERSITY BLVD. SOUTH JACKSONVILLE FL 32216

3. Date Incorporated or Qualified: 06/22/1995

3a. Date of Last Report:

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: [X] Applied For [ ] 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 [X] No

9. Name and Address of Current Registered Agent

HEEKIN, ROBERT A
4347-4 UNIVERSITY BLVD. SOUTH
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

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: Robert A. Heekin — 6/20/96
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 '2		
TITLE	PD	[ ] DELETE	1.1 TITLE		[ ] Change [ ] Addition
NAME	MACNAMARA, DAVID C		1.2 NAME		
STREET ADDRESS	1426 SAN MATCO AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		1.4 CITY-ST-ZIP		
TITLE	VD	[ ] DELETE	2.1 TITLE		[ ] Change [ ] Addition
NAME	BODDIE, JAMES R JR.		2.2 NAME		
STREET ADDRESS	2110 BLUE AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32208		2.4 CITY-ST-ZIP		
TITLE	SD	[ ] DELETE	3.1 TITLE		[ ] Change [ ] Addition
NAME	MACNAMARA, STEPHEN A		3.2 NAME		
STREET ADDRESS	1071 MYERS PARK DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		3.4 CITY-ST-ZIP		
TITLE	TD	[ ] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME	HEEKIN, ROBERT A		4.2 NAME		
STREET ADDRESS	1319 MONTICELLO ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		4.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	6.1 TITLE		[ ] Change [ ] Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: David C MacNamara — 6/20/96 — (904) 398-1428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)