

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000004451 (9)

1. Corporation Name

EQUAL OPPORTUNITY COUNCIL OF JACKSONVILLE, INC.

FILED

98 DEC 11 PM 3:49

S. SECRETARY OF STATE

Principal Place of Business

Mailing Address

7220 SHARBETH DR S.  
JACKSONVILLE FL 32210

P.O. BOX 1226  
JACKSONVILLE FL 32201

3. Date Incorporated or Qualified

09/05/1995

4. FEI Number

59-3432448

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 117 West Duval St.

22 Suite, Apt. #, etc.  
Ste 350

23 City & State  
Jacksonville, FL 32202

24 Zip

32202

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

RICHARDSON, DANIEL A  
7220 SHARBETH DR S.  
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name  
Carolyn Shehee-Williams

82 Street Address (P.O. Box Number Is Not Acceptable)  
122 North Ocean Street

83

84 City Jacksonville

FL

85 Zip Code

32202

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

*Carolyn Shehee-Williams*

12/9/97

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME RICHARDSON, DANIEL A

STREET ADDRESS 220 E. BAY ST RM 111

CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE VP ☐ DELETE

NAME HOPKINS, FRANCINE

STREET ADDRESS 500 WATER ST J400

CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE T ☐ DELETE

NAME GIGGETTS, ANDREA

STREET ADDRESS 6440 ATLANTIC BLVD

CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE D ☐ DELETE

NAME CHARRON, MATTHEW

STREET ADDRESS 231 EAST FORSYTH ST 4TH FLOOR

CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE D ☐ DELETE

NAME WILLIAMS, CAROLYN

STREET ADDRESS 1755 EDGEWOOD AVE SOUTH

CITY-ST-ZIP JACKSONVILLE FL 32202-3139

TITLE D ☐ DELETE

NAME TAYLOR-FRAZIER, BARBARA

STREET ADDRESS 655 W. 8TH STREET

CITY-ST-ZIP JACKSONVILLE FL 32209

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Carolyn Shehee-Williams

1.3 STREET ADDRESS 122 North Ocean Street

1.4 CITY-ST-ZIP Jacksonville, FL 32202

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME Diane Fetko-Mosier

2.3 STREET ADDRESS 117 West Duval Street

2.4 CITY-ST-ZIP Jacksonville, FL 32202

3.1 TITLE T ☒ Change ☐ Addition

3.2 NAME Matthew E. Charron

3.3 STREET ADDRESS 117 West Duval St. Jax, FL 32202

3.4 CITY-ST-ZIP Jacksonville, FL 32202

4.1 TITLE D ☒ Change ☐ Addition

4.2 NAME Robert Kimbrough

4.3 STREET ADDRESS 21 West Church Street

4.4 CITY-ST-ZIP Jacksonville, FL 32202

5.1 TITLE D ☒ Change ☐ Addition

5.2 NAME Andrea Giggetts

5.3 STREET ADDRESS 6440 Atlantic Blvd Jax, FL 32211

5.4 CITY-ST-ZIP Jacksonville, FL 32211

6.1 TITLE D ☒ Change ☐ Addition

6.2 NAME Robin Waddell

6.3 STREET ADDRESS 111 Riverside Ave Jacksonville, FL 32202

6.4 CITY-ST-ZIP Jacksonville, FL 32202

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.

SIGNATURE:

*Matthew E. Charron*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATTHEW E. CHARRON TREASURER

Date

July 16, 1998

Daytime Phone #

(904)630-1121

CR2E037 (5/98)