

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N95000005523 (4)

1. Corporation Name

JACKSONVILLE UNITED LABOR ALLIANCE, INC.

Principal Place of Business

9616 KENTUCKY ST
JACKSONVILLE FL 32218

Mailing Address

9616 KENTUCKY ST
JACKSONVILLE FL 32218



| | | | | | | | |
|--------------------------------|--|------------------------|--|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 11/21/1995 | | 3a. Date of Last Report | |
| 21 | | 26 | | 4. FEI Number | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 City & State | | 28 City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Zip | | 29 Zip | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 25 Country | | 30 Country | | | | | |

9. Name and Address of Current Registered Agent

BOWDEN, JOHN W
9616 KENTUCKY ST
JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent

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

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 re-registering)

DATE

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|-------------------|--------------------|-----------------------|---|----------|--------------------|-----------------|
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP |
| | BOWDEN, JOHN W | 9616 KENTUCKY ST | JACKSONVILLE FL 32218 | | | | |
| | SPENCER, CHARLES | 2040 E 21ST ST | JACKSONVILLE FL 32206 | | | | |
| | OSBORNE, LARRY | 1468 HENDRICKS AVE | JACKSONVILLE FL 32207 | | | | |
| | EVANS, GARY | 9616 KENTUCKY ST | JACKSONVILLE FL 32218 | | | | |
| | ST WILLIAMS, MIKE | 966 N LIBERTY ST | JACKSONVILLE FL 32206 | | | | |
| | PARKER, JOHN | 9616 KENTUCKY ST | JACKSONVILLE FL 32218 | | | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)