FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N95000005572 (1) DOCUMENT

FILED	
Apr 23 1998 8:00an	1
Secretary of State	

BOSON	M BUDDIES OF JACKSONVI	LLE, INC.				
Principal Place	e of Business	Mailing Address		* 1001/1007 00% 1948 01/11 00/11 06/11 00/11 00/	II BESOK DHOL BIJIL IBOLD HOL IOOL	
1335 WOODWA JACKSONVILLE US		1335 WOODWARD AVE JACKSONVILLE FL 32207 US		3. Date Incorporated or Qualified 11/27/1995		
				4. FEI Number 59-3192977	Applied For Not Applicable	
2. Principal Pr	lace of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt	#, etc	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be	
22		27		Trust Fund Contribution	Added to Fees	
City & State	3	City & State		7. Is this nonprofit corporation a homeow Yes	ners association? No	
Zip	Country	Zip	Country	8. This corporation owes or has paid the		
24	25	29 3	0	Personal Property Tax due June 30.	Yes X No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent	
DE CORDOVA-HANKS, BOBBI 81 Name Cle (82 Street Add.				Córdova-Hanks, Bobbi		
	IESTER AVENUE STE 200 INVILLE FL 32217		1335	woodward Ave.		
JACKSU	INVILLE PL 32217		Jack	sonville		
			84 City	·	85 Zip Code 32.207	
11. Pursuant t	to the provisions of Sections 617.0502	and 617 1508, Florida Statutes	, the above-named corp	poration submits this statement for the purpos	e of changing its registered	
agent. La	egistered agent, or both, in the State of m tantillar with, and accept the obligat	or Florida. Such change was aut ions of, Section 617.0503, Flori	thorized by the corporational da Statutes	ion's board of directors. I hereby accept the	appointment as registered	
SIGNATURE	Tobbi de Cordova	-Hando Bobbi	de Cordov	<u>ra-Hanks 4-1</u>	398	
12.	Signature, typed or prelied name of registered agent		Rogistered Agent signature requirements	red when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS A		
TITLE	V	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition	
NAME	HOWARD, EMMIE		1.2 NAME			
STREET ADDRESS	3913 OAK ST.		1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32205		1.4 CITY-ST-ZIP			
TITLE	S	DELETE	2.1 TITLE		Change Addition	
NAME	THOMPSON, TERRY		2.2 NAME			
STREET ADDRESS	7027 FT. CAROLINE HILLS DR	 •	2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32277		2. 4 CITY-ST-ZIP			
THILE	D	☐ DELETE	3.1 TITLE	·	Change Addition	
NAME	HOWARD, PAT 6750 EPPING FOREST WAY		3.2 NAME			
STREET ADDRESS	JACKSONVILE FL 32217		3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	n	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition	
NAME	TAYLOR, MARIAN	ptter	4. 2 NAME		Change Addition	
STREET ADDRESS	3744 LILLY RD. S.		4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32207		4.4 CITY - ST - ZIP			
TITLE	D	DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME	SOLOMON, DOLLIE	.—	5.2 NAME			
STREET ADDRESS	6549 KINLOCKE DR. E		5.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32219		5.4 CITY - ST - ZIP			
TITLE	7	☐ D€LETE	6.1 TITLE		☐ Change ☐ Addition	
NAME	MURRAY, BRENDA		6.2 NAME			
STREET ADDRESS	11746 SPARKLEBERRY RD.		6.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32223		6.4 CITY - ST - ZIP			

14. Thereby 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 suppliemental 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: Substitute: Substitute Statutes Statute