

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005572

1. Corporation Name

BOSOM BUDDIES OF JACKSONVILLE, INC.

Principal Place of Business

1335 WOODWARD AVE
JACKSONVILLE FL 32207
US

Mailing Address

1335 WOODWARD AVE
JACKSONVILLE FL 32207
US

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90098 012 ****61.25

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

11/27/1995

4. FEI Number

59-3192977

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

9. Name and Address of Current Registered Agent

DE CORDOVA-HANKS, BOBBI
1335 WOODWARD AVE
JACKSONVILLE FL 32207

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **V HOWARD, EMMIE**
STREET ADDRESS **3913 OAK ST.**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE ☐ DELETE
NAME **S THOMPSON, TERRY**
STREET ADDRESS **7027 FT. CAROLINE HILLS DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE ☒ DELETE
NAME **D HOWARD, PAT**
STREET ADDRESS **6750 EPPING FOREST WAY**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE ☐ DELETE
NAME **D TAYLOR, MARIAN**
STREET ADDRESS **3744 LILLY RD. S.**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ DELETE
NAME **D SOLOMON, DOLLIE**
STREET ADDRESS **6549 KINLOCKE DR. E**
CITY-ST-ZIP **JACKSONVILLE FL 32219**

TITLE ☐ DELETE
NAME **T MURRAY, BRENDA**
STREET ADDRESS **11746 SPARKLEBERRY RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Director**
1.3 STREET ADDRESS **Yuba Walker**
1.4 CITY-ST-ZIP **3933 Valley Garden Dr. W. Jacksonville FL 32225**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Bobbi de Cordova-Hanks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/99 904/633-8455

CR2E037 (11/98)