


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000868

1. Corporation Name

DUVAL CHAPTER, FLORIDA VOTERS LEAGUE, INC.

Principal Place of Business

1203 EAST 3RD STREET
JACKSONVILLE FL 32206

Mailing Address

1203 EAST 3RD STREET
JACKSONVILLE FL 32206



APPROVED
AND
FILED

99 JAN -6 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	02/19/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	NOT APPLICABLE
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing
24	25	Trust Fund Contribution <input type="checkbox"/>
	29	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLT, EDWARD
HOLT AND STARLING GROCER
1203 EAST 3RD STREET
JACKSONVILLE FL 32206

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HOLT, EDWARD	1.2 NAME	
STREET ADDRESS	1203 EAST 3RD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32206	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	PAGE, WOODROW	2.2 NAME	
STREET ADDRESS	3436 MONCRIEF RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	
NAME	JONES, VANESSA S	3.2 NAME	
STREET ADDRESS	3105 MELL COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32254	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	MURPHY, CYNTHIA	4.2 NAME	
STREET ADDRESS	11043 BACALL RD. WEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218	4.4 CITY-ST-ZIP	
TITLE	DT	5.1 TITLE	
NAME	ADAMS, ELOUISE	5.2 NAME	
STREET ADDRESS	7225 RHODE ISLAND DR. EAST	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE REQUIRED

Edward Holt 7/5/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)