

MA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001209 (3)**

1. Corporation Name

**NFFFA - DOUG MELNE SCHOLARSHIP FUND, INC.**

MELNE

NO Name Change Filed

Principal Place of Business

Mailing Address

**801 LOMAX  
JACKSONVILLE FL 32204**

**801 LOMAX  
JACKSONVILLE FL 32204**

2. Principal Place of Business

2a. Mailing Address

**21 7900 BELFORT PKWY.**

**26 P.O. BOX 43667**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 SUITE 100**

**27**

City & State

City & State

**23 JACKSONVILLE, FL**

**28 JACKSONVILLE, FL**

Zip

Country

Zip

Country

**24 32256**

**25 USA**

**29 32203**

**30 USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**01/03/1996**

4. FEI Number

**59-3314262**

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**

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

10. Name and Address of New Registered Agent

**COLLIER, BROOKS**

**801 LOMAX**

**JACKSONVILLE FL 32204**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**7900 BELFORT PARKWAY SUITE 100**

83

84 City

**JACKSONVILLE**

**FL**

85 Zip Code

**32256**

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COLLIER, BROOKS</b>	
STREET ADDRESS	<b>801 LOMAX</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32204</b>	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>7900 BELFORT PARKWAY SUITE 100</b>
1.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32256</b>

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NELSON, ROY B</b>	
STREET ADDRESS	<b>100 RIVERSIDE AVE.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>3728 PHILIPS HWY. #45</b>
2.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32207-6840</b>

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PEACOCK, RONALD J</b>	
STREET ADDRESS	<b>521 W. HILLSBOROUGH AVE.</b>	
CITY-ST-ZIP	<b>FLORAHOME FL 32140</b>	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **RONALD J. PEACOCK** *Ronald J. Peacock* 1-22-98 904-659-1371

CR2E037 (10/97)