

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthaz
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 OCT 27 AM 11:55



DOCUMENT # N36090001900 (7)

1. Corporation Name

GREATER PAYNE DEVELOPMENT AND ENRICHMENT CENTER,
INC.

Principal Place of Business

Mailing Address

1230 E. 23RD ST.
SUITE 101
JACKSONVILLE FL 32206

1230 E. 23RD ST.
SUITE 101
JACKSONVILLE FL 32206

3. Date Incorporated or Qualified

04/09/1996

4. FEI Number

59-3379984

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARKER, AVA L
603 N. MARKET ST.
JACKSONVILLE FL 32202

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME WORMACK, REV. W.L.
STREET ADDRESS 1356 HIGH PLAINS DR., S
CITY-ST-ZIP JACKSONVILLE FL 32211

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
700002676877-3
-10/30/98-01066-004
*****61.25 *****61.25

TITLE V
NAME DEMPSEY, DONALD
STREET ADDRESS 9765 SOUTHBROOK DR #3405
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE V
2.2 NAME Donald Dempsey
2.3 STREET ADDRESS Post Office Bbx 447
2.4 CITY-ST-ZIP 3608 Franklin St.
Jacksonville, Fl 32206

TITLE V
NAME DEMPSEY, DONALD
STREET ADDRESS 9765 SOUTHBROOK DR #3405
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE D
3.2 NAME Altamease Moore
3.3 STREET ADDRESS 5885 Edenfield Rd. #47
3.4 CITY-ST-ZIP Jacksonville, Fl 32211

TITLE S
NAME WORMACK, STEPHANIE
STREET ADDRESS 672 1/2 CHESTNUT ST
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE S
4.2 NAME Stephanie Wormack
4.3 STREET ADDRESS 4800 Atlantic Blvd. #113
4.4 CITY-ST-ZIP Jacksonville, Fl 32211

TITLE D
NAME FIELDS, HARRY
STREET ADDRESS 1207 FLORIDA AVE
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE
5.2 NAME Catina Sloan
5.3 STREET ADDRESS 2445 Dunn Avenue #505
5.4 CITY-ST-ZIP Jacksonville, Fl 32218

TITLE D
NAME SPENCER, JOHN
STREET ADDRESS 1517 E 21ST ST
CITY-ST-ZIP JACKSONVILLE FL

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)