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FILED

Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003156 (4)

1. Corporation Name

HERMAPHRODITE EDUCATION AND LISTENING POST, INCORPORATED

Principal Place of Business

Mailing Address

1270 CARTHAGE DRIVE
JACKSONVILLE FL 32218POST OFFICE BOX 26292
JACKSONVILLE FL 32226-62923. Date Incorporated or Qualified
06/10/19963a. Date of Last Report
N/A

4. FEI Number

☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARMON-SMITH, HELENA
1270 CARTHAGE DRIVE
JACKSONVILLE FL 32218

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 PD ☐ DELETENAME HARMON-SMITH, HELENA
STREET ADDRESS 1270 CARTHAGE DRIVE
CITY - ST - ZIP JACKSONVILLE FL 322181.1 TITLE ☐ Change ☐ Addition

NAME HARMON-SMITH, HELENA

STREET ADDRESS 1270 CARTHAGE DRIVE
CITY - ST - ZIP JACKSONVILLE FL 32218

1.2 NAME

TITLE D ☐ DELETENAME ANGER, DIANE
STREET ADDRESS 9686 SW 1ST PLACE
CITY - ST - ZIP BOCA RATON FL 334282.1 TITLE ☐ Change ☐ Addition

NAME ANGER, DIANE

STREET ADDRESS 9686 SW 1ST PLACE
CITY - ST - ZIP BOCA RATON FL 33428

2.2 NAME

TITLE SD ☐ DELETENAME MERRILL, STEPHAN
STREET ADDRESS 7878 MARVIN D. LOVE FRWY. STE 4106
CITY - ST - ZIP DALLAS TX 752372.3 STREET ADDRESS ☒ Change ☐ Addition

NAME MERRILL, STEPHAN

STREET ADDRESS 7878 MARVIN D. LOVE FRWY. STE 4106
CITY - ST - ZIP DALLAS TX 75237

3.1 TITLE

TITLE D ☐ DELETENAME BRAND, DAVID DR.
STREET ADDRESS 3514 CEDAR SPRINGS ROAD
CITY - ST - ZIP DALLAS TX 722193.2 NAME ☐ Change ☐ Addition

NAME BRAND, DAVID DR.

STREET ADDRESS 3514 CEDAR SPRINGS ROAD
CITY - ST - ZIP DALLAS TX 72219

4.1 TITLE

TITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS
CITY - ST - ZIP

5.2 NAME

TITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS
CITY - ST - ZIP

6.2 NAME

CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-97

CR2E037 (9/96)