

FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003730 (6)

1. Corporation Name
GOLFBROOK TERRACE RESIDENT COUNCIL, INC.



Principal Place of Business 5570 GOLFBROOK DR. JACKSONVILLE FL 32208	Mailing Address 5570 GOLFBROOK DR. JACKSONVILLE FL 32208-9661
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

3. Date Incorporated or Qualified 07/15/1996	3a. Date of Last Report
4. FEI Number 59-3431959	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KEMP, FREDITH
5304 GOLFBROOK DR.
JACKSONVILLE FL 32208**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIXON, SHIRLEY		1.2 NAME	
STREET ADDRESS 5339 GOLFBROOK DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32208		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KEMP, JIMMIE		2.2 NAME	
STREET ADDRESS 5304 GOLFBROOK DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32208		2.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HATCHER, GAIL		3.2 NAME	
STREET ADDRESS 1638 GOLFBFOREST DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32208		3.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RACKLEY, BRIDGETTE		4.2 NAME	
STREET ADDRESS 5410 GOLFBROOK DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32208		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRAZIER, FREDA M		5.2 NAME	
STREET ADDRESS 1554 BROOKFOREST DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32208		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KEMP, FREDITH		6.2 NAME	
STREET ADDRESS 5304 GOLFBROOK DR.		6.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32208		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: _____ SIGNATURE REQUIRED *Shirley A Dixon* 4-16-97 964.764-459

CR2E037 (9/96)