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NONPROFIT CORPORATION ANNUAL REPORT

1998

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 20 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9600004523 (4)

## PRIDE IN ACTION COMMUNITY SERVICES, INC

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Principal Plac	ce of Busines	s	Mailing A	ddress				- 1166111011				FIII 82861 <b>8</b> 11		i
3556 HICKORY NUT ST P.O. BOX 9148								- Bata Is-as-						
JACKSONVILLE FL 32208 JACKSONVILLE FL 32208								3. Date Incorpo		mea				
İ			U\$					4. FEI Number	1990				Applied For	
								59-342	21320				Not Applicat	ole
2. Principal F	Place of Busin	ness	<b>⊢</b>	2a. Mailing Address				5. Certificate of	Status Desire	od	<u> </u>	\$8.7	5 Additional	_
21 Suite Ant	* oto		26					0. Oerandate of	otatus Desire		<u>.                                    </u>		Required	
Suite, Apt. #, etc.			27 Suite,					6. Election Can Trust Fund C		ing			D May Be I to Fees	
City & State				City & State				7. Is this nonprofit corporation a homeowners association?						
Zip		Country	Zip		Count	ry		8. This corpora	tion owes or h				Intangible	_
24 25			29						perty Tax due			☐ Yes	No	
	9. Name	and Address of Curre	nt Registered A	lgent				10. Name and A	ddress of Ne	w Regi	stered	Agent		_
O. em	DIAME I				8	1 Na	ıme						•	
	Diane L Ickory nu	тет					eet Addre	ss (P.O. Box Numb	per is Not Acc	eptable	2)	-	-	
	ONVILLE FL				8	3							·	
UACINOC	JIKVILLE I E	02200										_	_	
					8	4  Cit	У				FI	<b>85</b> Zi	p Code	
11. Pursuant	to the provis	ions of Sections 617.05	02 and 617.1508	3, Florida Statut	es, the abo	ve-nar	ned corpo	ration submits this	statement for	the pur	rpose of	changing	j its registere	d
agent. I a	registered ag am fa <b>g</b> villiar wi	ions of Sections 617.05 ent, or both, in the State th, and accept the oblig	e or Florida, Suc gations of, Sectio	n change was a an 617.0503, Fl	authorized i orida Statut	oy the es.	corporatio	on's board of direct	tors. I hereby a	accept	the app	ointment a	as registered	
SIGNATURE .	(V.).	Diane F.	Smith											
12.	Signature, typed	or printed name of registered ag	pent and title if applicated to DIRECTORS	ole. (NOT		gent sign	ature required	when reinstating)			DATE			_
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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.