

FILE NOW: FILING FEE IS \$61.25

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Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004925 (1)**

1. Corporation Name

JACKSONVILLE AFFORDABLE MORTGAGES, INC.



Principal Place of Business FIRST FLOOR, ENTERPRISE TOWER 225 WATER STREET JACKSONVILLE FL 32202	Mailing Address POST OFFICE BOX 47375 JACKSONVILLE FL 32247
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 09/23/1996	
4. FEI Number 59-3411330	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent KELLY, EDWARD L 1301 RIVEPLACE BLVD. STE. 1300 JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent 81 Name Ettlinger, Carolyn Wallace 82 Street Address (P.O. Box Number is Not Acceptable) 225 Water Street, 1st Floor 83 84 City Jacksonville FL 85 Zip Code 32202

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 *Carolyn Wallace Ettlinger*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	VPD <input type="checkbox"/> DELETE
NAME	RAINIE, WARD W
STREET ADDRESS	4190 BELFORD ROAD
CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	CD <input checked="" type="checkbox"/> DELETE
NAME	BROWDY, RICHARD S
STREET ADDRESS	7536 PHILLIPS HWY., SUITE 101
CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	VPD <input type="checkbox"/> DELETE
NAME	CLEVELAND, HOLLY
STREET ADDRESS	225 WATER ST FL 0490
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MCDONALD, SUSAN C ESQ.
STREET ADDRESS	1901 RIVERPLACE BLVD., SUITE 1500
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	PD <input type="checkbox"/> DELETE
NAME	DINAH, LOUIS
STREET ADDRESS	1711 MCMILLAN STREET
CITY-ST-ZIP	JACKSONVILLE FL 32209
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rainnie, W. Ward
1.3 STREET ADDRESS	76 South Laura Street Suite 500
1.4 CITY-ST-ZIP	Jacksonville, FL 32202 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Cleveland, Holly K.
3.3 STREET ADDRESS	225 Water Street FL/0490
3.4 CITY-ST-ZIP	Jacksonville, FL 32202 <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Dinah, Louis
5.3 STREET ADDRESS	1711 McMillan Street
5.4 CITY-ST-ZIP	Jacksonville, FL 32209 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Carolyn Wallace Ettlinger* **CAROLYN ETTLINGER** **SECRETARY** **4/29/98** **3613906**

CR2E037 (10/97)