

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 08 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N96000005996 (1)**  
 1. Corporation Name  
**THE JEFF MITCHELL FOUNDATION, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>108 JANELLE LANE<br/>JACKSONVILLE FL 32211</b> | Mailing Address<br><b>108 JANELLE LANE<br/>JACKSONVILLE FL 32211</b> |
|--|--|

|   |                               |
|---|-------------------------------|
| 3. Date Incorporated or Qualified<br><b>11/19/1996</b>  |                               |
| 4. FEI Number <b>59-3446068</b><br><b>APPLIED FOR</b>   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |                               |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |                               |
| 7. Is this nonprofit corporation a homeowners association?<br><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 |                               |

|   |                           |
|---|---------------------------|
| 2. Principal Place of Business<br>21 <b>1515 SAN MARCO</b><br>Suite, Apt. #, etc. | 2a. Mailing Address<br>26 |
| 22 City & State<br>23 <b>JACKSONVILLE, FL</b>                                     | 27 City & State<br>28     |
| 24 Zip <b>32207</b> 25 Country <b>U.S.A.</b>                                      | 29 Zip 30 Country         |

9. Name and Address of Current Registered Agent  
**MITCHELL, R. GLEN**  
**108 JANELLE LANE**  
**JACKSONVILLE FL 32211**

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City <b>FL</b> 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

|                |  |
|----------------|--|
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>MITCHELL, GLEN</b>                    |
| STREET ADDRESS | <b>108 JANELLE LANE</b>                  |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32211</b>             |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>MITCHELL, MARGARET</b>                |
| STREET ADDRESS | <b>108 JANELLE LANE</b>                  |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32211</b>             |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>AKENS, CHESTER A D.D.S.</b>           |
| STREET ADDRESS | <b>4196 OLD MILL COVE TRAIL</b>          |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32277</b>             |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>MARTIN, ROBERT KEITH</b>              |
| STREET ADDRESS | <b>12511 ST. MARTIN DRIVE S.</b>         |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32246</b>             |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>SCHMIDT, JANE T</b>                   |
| STREET ADDRESS | <b>4526 OAK BAY DRIVE W.</b>             |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32277</b>             |
| TITLE          | <input type="checkbox"/> DELETE          |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|   |
|---|
| 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |
| 1.3 STREET ADDRESS  |
| 1.4 CITY-ST-ZIP   |
| 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |
| 2.3 STREET ADDRESS  |
| 2.4 CITY-ST-ZIP   |
| 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |
| 3.3 STREET ADDRESS  |
| 3.4 CITY-ST-ZIP   |
| 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |
| 4.3 STREET ADDRESS  |
| 4.4 CITY-ST-ZIP   |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |
| 5.3 STREET ADDRESS  |
| 5.4 CITY-ST-ZIP   |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 in an attachment with an address.

SIGNATURE: *R. Glen Mitchell* **R. GLEN MITCHELL 4/27/98 904/396-9665**

CFR0037 (10/97)