

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90050 003 ***122.50

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1. Corporation Name

WESLEY WOODS, INCORPORATED

Principal Place of Business
25 STATE ROAD 13
JACKSONVILLE FL 32259

Mailing Address
25 STATE ROAD 13
JACKSONVILLE FL 32259



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/19/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-0872075

Applied For

☒ Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCLERNON, MICHAEL
25 ST RD 13
JACKSONVILLE FL 32259

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 ☐ DELETE
NAME **CD**
STREET ADDRESS **MULLINS, MARK**
CITY-ST-ZIP **8933 WESTERN WAY, SUITE 20**
JACKSONVILLE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VDP**
STREET ADDRESS **DUNGEY, MARY L**
CITY-ST-ZIP **11 SAN JOSE PL #7**
JACKSONVILLE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **SD**
STREET ADDRESS **MASSEY, MARY A**
CITY-ST-ZIP **6750 EPPING FOREST WAY N 106**
JACKSONVILLE FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **SD**
3.3 STREET ADDRESS **Mrs. Gayle G. Miller**
3.4 CITY-ST-ZIP **6847 San Sabastian Avenue**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **ROBINSON, TIM**
CITY-ST-ZIP **8577 WALDEN GLEN DR**
JACKSONVILLE FL 32256

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary Louise Dungey
Mary Louise Dungey

6-8-99

(904) 287-7300

Date

Daytime Phone #

CR2E037 (1/98)

0007104