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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N97000002294

1. Corporation Name

**JACKSONVILLE FIREFIGHTERS CHARITY FOUNDATION, IN
C.**

Principal Place of Business

3435 SANCTUARY BLVD.
JACKSONVILLE FL 32250

Mailing Address

3435 SANCTUARY BLVD.
JACKSONVILLE FL 32250



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/23/1997

4. FEI Number

59-3451105

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**CRABTREE, R R ESQ.
8375 DIK ELLIS TRAIL
STE 401
JACKSONVILLE FL FL322-56**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD
NAME BOURGEOIS, ALFRED
STREET ADDRESS 3435 SANCTUARY BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32250

TITLE VD
NAME MARKS, J R
STREET ADDRESS 1318 CEDAR ST
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ~~SD~~
NAME ~~PERDUE, FELTON~~
STREET ADDRESS ~~2419 PEG LEG RD~~
CITY-ST-ZIP ~~JACKSONVILLE FL 32224~~

TITLE ~~STD~~
NAME ~~PERDUE, FELTON~~
STREET ADDRESS ~~3435 SANCTUARY BLVD.~~
CITY-ST-ZIP ~~JACKSONVILLE FL 32250~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

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

2.1 TITLE VD
2.2 NAME MARKS, J. R.
2.3 STREET ADDRESS 6321 COLGATE RD
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32217 ☒ Change ☐ Addition

3.1 TITLE TD
3.2 NAME TAYLOR, ROGER
3.3 STREET ADDRESS 4853 RIVER BASIN DR. N.
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32207 ☐ Change ☒ Addition

4.1 TITLE SD
4.2 NAME PERDUE, FELTON
4.3 STREET ADDRESS 2419 PEG LEG RD
4.4 CITY-ST-ZIP JACKSONVILLE, FL 32224 ☒ Change ☐ Addition

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

J. R. MARKS, VICE-PRESIDENT 2-6-99 (904) 630-2445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)