

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90235 047 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N97000005457**

1. Corporation Name

**MARY L. SINGLETON FOUNDATION, INC.**

Principal Place of Business

**1050 RIVERSIDE AVE**  
**JACKSONVILLE FL 32202**  
**US**

Mailing Address

**1050 RIVERSIDE AVE**  
**JACKSONVILLE FL 32202**  
**US**

573485 - 90013 - 1



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	09/24/1997
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3045760
24 Country	29 Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**SMATHERS, BRUCE A AR**  
**1050 RIVERSIDE AVE**  
**JACKSONVILLE FL 32202**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHELAN, MARY ALICE	1.2 NAME	
STREET ADDRESS	2970 ST JOHNS AVE, APT 5D	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	1.4 CITY-ST-ZIP	
TITLE	0 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, TED	2.2 NAME	
STREET ADDRESS	1301 S FIRST ST, APT 1501	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMATHERS, BRUCE A	3.2 NAME	
STREET ADDRESS	4051 TIMBUQUANA RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YATES, ALTON	4.2 NAME	
STREET ADDRESS	2923 RIBAUT SCENIC DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/99

904 358 220

Date

Daytime Phone #

*Bruce A. Smathers*  
 Bruce A. Smathers, Treasurer/Director