

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 22, 1999 8:00 am
Secretary of State

06-22-1999 90010 007 ****70.00

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1. Corporation Name

JACKSONVILLE FOUNDATION FOR EDUCATION
AND RECREATION, INC.

Principal Place of Business

Mailing Address

6320 St. Augustine Rd, BLDG 8
JACKSONVILLE, FL 32217

5 7 8 7 9 8
578798 - 90010 - 7

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 6320 St. Augustine Rd

26 6320 St. Augustine Rd

12/15/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22 BLDG 8

27 BLDG 8

T 69-3481167

Not Applicable

City & State

City & State

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

23 JACKSONVILLE FL

28 JACKSONVILLE FL

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 3 2217

25 USA

29 32217

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARBARA S. BATT
6320 St. Augustine Rd Bldg 8
JACKSONVILLE, FL 32217

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

BARBARA S. BATT

BARBARA S. BATT

6/15/99

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 DIRECTOR ☒ DELETE
NAME COLLINS, Joseph D.
STREET ADDRESS 3840 CROWN POINT RD, STE A
CITY-ST-ZIP JACKSONVILLE, FL 32257

1.1 TITLE DIRECTOR ☒ Change ☐ Addition
1.2 NAME Jim Yoe
1.3 STREET ADDRESS 2149 MONTELU PR.
1.4 CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE DIRECTOR ☒ DELETE
NAME HOGAN, MIKE
STREET ADDRESS 4294 BUCK POINT
CITY-ST-ZIP JACKSONVILLE, FL 32210

2.1 TITLE DIRECTOR ☒ Change ☐ Addition
2.2 NAME ROY COLLINS
2.3 STREET ADDRESS 5630 JAMES C JOHNSON RD
2.4 CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE DIRECTOR ☒ DELETE
NAME HOLLAND, JERRY
STREET ADDRESS 2613 CANYON FALLS DR.
CITY-ST-ZIP JACKSONVILLE, FL 32224

3.1 TITLE DIRECTOR ☒ Change ☐ Addition
3.2 NAME WILLIAM D. GRIFFIS
3.3 STREET ADDRESS 7749 ROLLING HILLS DR
3.4 CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE DIRECTOR ☒ DELETE
NAME HOLLAND, BEVERLY J.
STREET ADDRESS 3840 CROWN POINT RD SUITE A
CITY-ST-ZIP JACKSONVILLE, FL 32257

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

TITLE DIRECTOR ☒ DELETE
NAME JONES, WARREN
STREET ADDRESS 3105 MALL CT
CITY-ST-ZIP JACKSONVILLE, FL 32254

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

TITLE DIRECTOR ☒ DELETE
NAME SPENCER, JACK
STREET ADDRESS 1300 Shetter Ave #107
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

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:

JIM YOE

6/14/99

269 2610 #20

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)