

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90156 030 ****61.25

05-17-1999 90033 032 *****8.75

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1. Corporation Name

JACKSONVILLE WEED AND SEED, INC.

Principal Place of Business

1093 WEST 6TH STREET
JACKSONVILLE FL 32209

Mailing Address

1093 WEST 6TH STREET
JACKSONVILLE FL 32209

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/05/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28			
Zip		Zip			
Country		Country			
24		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRIS, KERRY
1319 MYRTLE AVENUE
JACKSONVILLE FL 32209

CHRIS A. MURPHY
WEED AND SEED COORDINATOR

81 Name	Weed and Seed	
82 Street Address (P.O. Box Number is Not Acceptable)	1093 W. 6th Street	
83 City	Jacksonville, Fla 32209	
84	85 Zip Code	
	FL	32209

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 Chris A. Murphy Chris A. Murphy DATE 3/12/99

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director <input type="checkbox"/> DELETE	1.1 TITLE	Officer Fred Calvy <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diane Kerr Chair	1.2 NAME	Defy - Program Dir
STREET ADDRESS	2893 Edison Avenue	1.3 STREET ADDRESS	1093 W 6th Street
CITY-ST-ZIP	Jacksonville, FL 32254	1.4 CITY-ST-ZIP	32209
TITLE	Father James Boddie <input type="checkbox"/> DELETE	2.1 TITLE	Leon Hayes <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	St. Pius Catholic Church	2.2 NAME	Safe Haven - Director
STREET ADDRESS	2110 Blue Avenue	2.3 STREET ADDRESS	1093 W 6th Street
CITY-ST-ZIP	32209 Vice-Chair	2.4 CITY-ST-ZIP	32209
TITLE	Director <input type="checkbox"/> DELETE	3.1 TITLE	Lt. John Hartley <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Willie Green	3.2 NAME	Weed Coordinator
STREET ADDRESS	1905 Durkee Dr. E	3.3 STREET ADDRESS	501 E. Bay Street
CITY-ST-ZIP	Jacksonville, FL 32209	3.4 CITY-ST-ZIP	32202
TITLE	Director <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bryan Hensley Fin. Treasurer	4.2 NAME	
STREET ADDRESS	117 W. Duval St. Suite 210	4.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32202	4.4 CITY-ST-ZIP	
TITLE	Paul Dickerson - Dir. <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Prevention/Intervention Treat.	5.2 NAME	
STREET ADDRESS	555 Stockton St.	5.3 STREET ADDRESS	
CITY-ST-ZIP	32204	5.4 CITY-ST-ZIP	
TITLE	Lloyd Washington - Dir. <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Neighborhood Restoration	6.2 NAME	
STREET ADDRESS	2344 Sherrington St.	6.3 STREET ADDRESS	
CITY-ST-ZIP	32209	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: Diane Kerr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR3E037 (11/98)