08031999-90006-007-$61.25-$61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
Aug 03, 1999 8:00 am
Secretary of State
08-03-1999 90006 007 ****61.25

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DOCUMENT # N98000000500

1. Corporation Name
MISSION TLC INC. OF NORTHEAST FLORIDA

Principal Place of Business
344 PABLO TERRACE
PONTE VEDRA BEACH FL 32082

Mailing Address
344 PABLO TERRACE
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business (21)	2a. Mailing Address (26)	3. Date Incorporated or Qualified: 01/26/1998
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	4. FEI Number: 59-3494591 — Applied For / Not Applicable
City & State (23)	City & State (28)	5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required
Zip (24) Country (25)	Zip (29) Country (30)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
HORNER, SHAY RW
344 PABLO TERRACE
PONTE VEDRA BEACH FL 32082

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 617.1506, 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 Shay RW Horner
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: President ☐ DELETE		1.1 TITLE: Jenny Kane (D) ☐ Change ☒ Addition	
NAME: Shay RW Horner		1.2 NAME: 4829 Colonial Ave.	
STREET ADDRESS: 344 Pablo Ter.		1.3 STREET ADDRESS: Jacksonville, Fl. 32210	
CITY-ST-ZIP: Ponte Vedra Bch, Fl. 32082		1.4 CITY-ST-ZIP	
TITLE: Vice Pres. ☐ DELETE		2.1 TITLE ☐ Change ☐ Addition	
NAME: David Sheffield		2.2 NAME	
STREET ADDRESS: 6095 A1A north #22		2.3 STREET ADDRESS	
CITY-ST-ZIP: Ponte Vedra Bch, Fl. 32082		2.4 CITY-ST-ZIP	
TITLE: Joy Jones ☐ DELETE		3.1 TITLE ☐ Change ☐ Addition	
NAME: Secritary		3.2 NAME	
STREET ADDRESS: 401 Landrum Lane		3.3 STREET ADDRESS	
CITY-ST-ZIP: Ponte Vedra Bch, Fl. 32082		3.4 CITY-ST-ZIP	
TITLE: (D) ☐ DELETE		4.1 TITLE ☐ Change ☐ Addition	
NAME: Robin Rhoads		4.2 NAME	
STREET ADDRESS: 3007 Cypress Creek Dr. E.		4.3 STREET ADDRESS	
CITY-ST-ZIP: Ponte Vedra Bch, Fl. 32082		4.4 CITY-ST-ZIP	
TITLE ☐ DELETE		5.1 TITLE ☐ Change ☐ Addition	
NAME: ~~Jenny Kane~~		5.2 NAME	
STREET ADDRESS: ~~4829 Colonial Ave.~~		5.3 STREET ADDRESS	
CITY-ST-ZIP: ~~Jacksonville, Fl. 32210~~		5.4 CITY-ST-ZIP	
TITLE: (D) ☐ DELETE		6.1 TITLE ☐ Change ☐ Addition	
NAME: Missy Chun		6.2 NAME	
STREET ADDRESS: 1105 Avondale Place		6.3 STREET ADDRESS	
CITY-ST-ZIP: Jacksonville, Fl. 32259		6.4 CITY-ST-ZIP	

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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: Shay RW Horner — SIGNATURE REQUIRED — Shay RW Horner — 7-28-99 — (904) 273-9021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #