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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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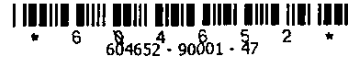
1. Corporation Name

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

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
85	Zip Code

FL

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

Shay R. Horner

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

(NOTE: Registered Agent signature required when resigning)

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 R. 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	695 A-14 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	Secretary	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	Jenny Kane ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	4829 Colonial Ave.	5.2 NAME	
STREET ADDRESS	Jacksonville, FL 32210	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	

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 R. Horner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RESIGNED**7-28-99 (904) 273-9021**

Date

Daytime Phone #

CP2E037 (5/99)