


FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90067 011 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000001744

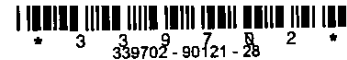
1. Corporation Name

JOE JAMES COMMUNITY ASSOCIATION, INC.

Principal Place of Business

1631 HURST STREET
JACKSONVILLE FL 32209

Mailing Address

1750 W 15 STREET
JACKSONVILLE FL 32209

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/23/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent

THOMAS, BERNARD L
 1750 W 15 STREET
 JACKSONVILLE FL 32209

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

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	<input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	BERNARD L. Thomas
STREET ADDRESS		1.3 STREET ADDRESS	1750 W 15 ST
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Jax Fla 32209
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	MARGARET O Thomas
STREET ADDRESS		2.3 STREET ADDRESS	1750 W 15 ST
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Jax Fla 32209
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	DENNIS W. JACKSON
STREET ADDRESS		3.3 STREET ADDRESS	1609 W 13 ST
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Jax Fla 32209
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	RHEA HART
STREET ADDRESS		4.3 STREET ADDRESS	1665 W 17 ST
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Jax Fla 32209
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	MARY TAYLOR
STREET ADDRESS		5.3 STREET ADDRESS	1622 W 13 ST
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Jax Fla 32209
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	LINDA B. THPWN
STREET ADDRESS		6.3 STREET ADDRESS	1778 W 13 ST
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Jax Fla 32209

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

Date

Daytime Phone #

2-21-99 (904) 355-5703

CR2E037 (1/98)