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Aug 17, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999

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



DOCUMENT # N98000005254

1. Corporation Name

THE JACKSONVILLE EMPLOYERS FAMILY CARE ASSOCIATION, INC.

Principal Place of Business

319 SCENIC POINT LANE
 ORANGE PARK FL 32067-0755

Mailing Address

P.O. BOX 755
 ORANGE PARK FL 32067-0755



* 6 13708 90011 - 86 *



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/08/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		84-1470675	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution <input type="checkbox"/>	
24		25		29	
30					

9. Name and Address of Current Registered Agent

GLENN, STEVEN C
 319 SCENIC POINT LANE
 ORANGE PARK FL 32067-0755

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 617.1508, 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONOM, MARYANNE B	1.2 NAME	
STREET ADDRESS	601 RIVERSIDE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32264-0755	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORNS, MIKE	2.2 NAME	
STREET ADDRESS	5421 WEST BEAVER STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32254	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORINI, SABRINA B	3.2 NAME	
STREET ADDRESS	P.O. BOX 37557 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32238-0755	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GURNEY, JANICE	4.2 NAME	
STREET ADDRESS	4800 DEER LAKE DRIVE EAST	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32246	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRWIN, CYNTHIA A	5.2 NAME	
STREET ADDRESS	8443 BAYMEADOWS ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, MELISSA A	6.2 NAME	
STREET ADDRESS	4800 DEER LAKE DRIVE EAST	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32246	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/99

Daytime Phone #

CR2E037 (5/99)