MINORAL DOE ON OU DEFONE ORIGINS. SOLES IN MODULATED I

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENTA OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Country

83

13.

1.1 TITLE

12 NAME

21 TM E

22 NAME

31 TITLE

32 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

1.3 STREET ADDRESS

2.3 STREET ADDRESS

3.3 STREET ADDRESS

43 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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Name 81

City

DOCUMENT # N98000005254

Country

9. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

25

BONOM, MARYANNE B

601 RIVERSIDE AVENUE

BORNS, MIKE

D.

D

JACKSONVILLE FL 32264-0755

5421 WEST BEAVER STREET

JACKSONVILLE FL 32236-0755

4800 DEER LAKE DRIVE EAST

JACKSONVILLE FL 32246

8443 BAYMEADOWS ROAD

4800 DEER LAKE DRIVE EAST

JACKSONVILLE FL 32256

JACKSONVILLE FL 32254

CORINI, SABRINA B

GURNY, JANICE

IRWIN, CYNTHIA A

WARD, MELISSA A

P.O. BOX 37557 N/A

THE JACKSONVILLE EMPLOYERS FAMILY CARE ASSOCIATI ON, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

319 SCENIC POINT LANE ORANGE PARK FL 32067-0755

2. Principal Place of Business

GLENN, STEVEN C 319 SCENIC POINT LANE

ORANGE PARK FL 32067-0755

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

12.

TITLE

NAME

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NAME STREET ADDRESS

TITLE

NAME

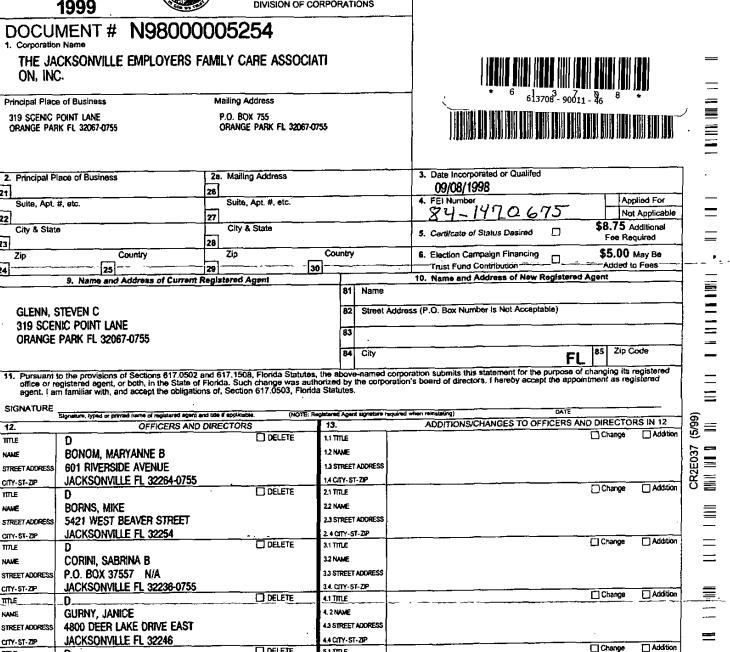
TITLE

NAME

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

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

08-17-1999 90013 038 ****61.25



84 CITY-ST-ZIP JACKSONVILLE FL 32246 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 ennual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the opporation 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:

Addition