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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N51379 (8)

1. Corporation Name

FIRST THINGS FIRST INC.

Principal Place of Business

Mailing Address

2677 FOREST HILL BLVD
SUITE 108
WEST PALM BEACH FL 33406

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SUITE 108
WEST PALM BEACH FL 33406

3. Date Incorporated or Qualified

10/19/1992

4. FEI Number

65-0416778

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUCKS, MYRA L
2677 FOREST HILL BLVD
STE 108
WEST PALM BEACH FL 33406

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 *Myra L. Hucks*
Signature, typed or printed name of registered agent and title if applicable

Myra L. Hucks, PD
(NOTE: Registered Agent signature required when retreating)

2/16/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUCKS, MYRA L - <i>AMENDED</i>	
STREET ADDRESS	456 JENNINGS AVE	
CITY-ST-ZIP	GREENACRES FL	

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HUCKS, MYRA L.	
1.3 STREET ADDRESS	418 NORTH D ST.	
1.4 CITY-ST-ZIP	GREENACRES, FL 33460	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	TOCCI, TOM	
STREET ADDRESS	6915 TRADEWINDS WAY	
CITY-ST-ZIP	LANTANA FL	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	YOLTEN, JENNIFER	
STREET ADDRESS	5130 SOCIETY PL W #1	
CITY-ST-ZIP	W PALM BEACH FL	

3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LINDA SITES	
3.3 STREET ADDRESS	895 SOMMER RD W	
3.4 CITY-ST-ZIP	W.P.B., FL 33415	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HARDMAN, MICHAEL	
STREET ADDRESS	202 LAKE OSBORNE #1	
CITY-ST-ZIP	LAKE WORTH FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SILVERMAN, DARLENE P	
STREET ADDRESS	05719 ITHACA CIR	
CITY-ST-ZIP	LAKE WORTH FL	

5.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JANNY A AIKIN	
5.3 STREET ADDRESS	356 Worth Ave	
5.4 CITY-ST-ZIP	Palm Beach, FL 33480	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	COBB, JEAN	
STREET ADDRESS	2808 ACKLINS RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	

6.1 TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DOROTHY GLASS	
6.3 STREET ADDRESS	7418 Clarke Rd.	
6.4 CITY-ST-ZIP	Lake Clarke Shores, FL 33406	

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.

SIGNATURE: *Linda Sites*
Signature, typed or printed name of registered agent and title if applicable

2/16/98
Date

561-683-1258
Office Phone

CR2E037 (10/97)