FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # N9300002998 (3)

VCP-HOUSING-FOUNDATION, INC.

First Coast Family and Housing Foundation, Inc.

Nahel



FILED

May 01 1997 8:00am

Secretary of State

| | | | • | | W11 | |
|---|--|------------------------------------|----------------------|--|--------------------------------|--|
| Principal Place | e of Business | Mailing Address | | The state of the s | nacement museum and the little | |
| 3030 HARTLEY RD. 3030 HARTLEY RD. | | | | | | |
| SUITE 100 | | SUITE 100 | | | | |
| JACKSONVILLE | FL \$2202 | JACKSONVILLE FL 32257-8214 | | 3. Date Incorporated or Qualified | 3a. Date of Last Report | |
| | | | | 07/06/1993 | 05/01/1996 | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| 21 225 W | ater Street, 3rd Floo | 225 Water St | reet, 3rd F | Floor 59-3206820 | Not Applicable | |
| Sulte, Apt. | #, etc. | Suite, Apt. #, etc. | | | \$8.75 Additional | |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required | |
| City & State | | | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 Jacksonville, FL 28 Jacksonville, | | | . FL | Trust Fund Contribution | Added to Fees | |
| Zip | Country | Zip | Country | 8. This corporation has liability for in | | |
| 24 32202 | 25 USA | 29 32202 30 | USA | | Yes No | |
| | 9, Name and Address of Current | Registered Agent | | 10. Name and Address of New Reg | Istered Agent | |
| 81 Name Kristen K. Packard | | | | | | |
| FARRELL, MARK T 82 Street Add | | | | ddress (P.O. Box Number is Not Acceptable | e) | |
| 3030 HARTLEY RD, STE 100 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 225 Water Street, Third Floor | | |
| JACKSONVILLE FL 32257 | | | | | | |
| | | | 84 City _ | · · · · | 85 Zip Code | |
| | | | ° ° '' Ja | cksonville | FL 85 Zip Code 32202 | |
| 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. | | | | | | |
| 1 1 1 2 : 5 da 5 1 1 / 6 1 | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE | | | | | | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICE | | |
| TATLÉ | TP | ☐ DELETE | 1.1 TITLE | Trustee | ∑ Change ☐ Addition | |
| NAME | ROOD, JOHN D | | 1.2 NAME | | | |
| STREET ADDRESS | 3030 HARTLEY RD., SUITE 100 | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 1.4 CITY - ST - ZIP | _32257 | | |
| TITLE | TST | ☐ DELETE | 2.1 TITLE | Trustee, Vice Presiden | nt Change Addition | |
| NAME | MOORE, TERRY A | , | 2.2 NAME | Secretary | ′ | |
| STREET ADDRESS | 50 N LAURA ST, STE 3100 | | 23 STREET ADDRESS | Jeoretal y | 1 | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 2. 4 CITY-ST-ZIP | 32202 | | |
| TITLE | TV | ☐ DELETE | 3.1 TITLE | Trustee | Change 🔲 Addition | |
| NAME | BRYANT, MICHAEL | | 3.2 NAME | | | |
| STREET ADDRESS | 157 E 8TH ST STE 116 | | 3.3 STREET ADDRESS | 1131 North Laura Stree | t l | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 3.4 CITY-ST-ZIP | 32202 | | |
| TITLE | T | ☐ DELETE | 4.1 TITLE | Trustee, President | Change 🔲 Addition | |
| NAME | ARNALL, JOSEPH H | | 4, 2 NAME | 20000216 -05/05/970102 | 5512 | |
| STREET ADDRESS | P.O. BOX 50307 N/A | | 4.3 STREE1 ADDRESS | -05/05/970102 | 4075 | |
| CITY-ST-ZIP | JACKSONVILLE BEACH FL | | 4.4 CITY - ST - ZIP | ***61.25 | i | |
| TITLE | T | ☐ DELETE | 5.1 TITLE | Trustee, Treasurer | Change 🔀 Addition | |
| NAME | BEYAH, MALACHI | | 5.2 NAME | Miller, Robert L. | | |
| STREET ADDRESS" | P.O. BOX 12104-N-A | į | 5.3 STREET ADDRESS | 121 West Forsyth Street | at Suite 200 | |
| CITY-ST-ZIP | JACKSONVILLE FL | | \$4 CITY-ST-ZIP | Jacksonville, FL 3220 | 12 . | |
| TITLE | | ☐ DELETE | 6.1 TITLE | Trustee | Change X Addition | |
| NAME | | | 6.2 NAME | Cleveland, Holly K | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | 225 Water Street | (M) | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | Jacksonville, Ft. 3220 | <u>2</u> | |
| 14 Ldo barel | ov certify that the information supplied | with this bling door not qualify f | or the exemption etc | ated in Section 119.07/3(0) Florida Statutos | 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 it enamped, or on an attachment with an address.

CIGNATURE.

22 CHO CHO CHONES ON SOLL OF

(904) 261 5016