

FILE NOW: FILING FEE IS \$61.25

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Mar 03 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 # **N93000002998 (3)**

1. Corporation Name

FIRST COAST FAMILY AND HOUSING FOUNDATION, INC.



Principal Place of Business 225 WATER STREET 3RD FLOOR JACKSONVILLE FL 32202	Mailing Address 225 WATER STREET 3RD FLOOR JACKSONVILLE FL 32202
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3. Date Incorporated or Qualified
07/06/1993

4. FEI Number 59-3206820	Applied For ☐	Not Applicable ☒
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2. Principal Place of Business 21 1321 N. Main Street Suite, Apt. #, etc. 22 2nd Floor City & State 23 Jacksonville, FL Zip 24 32206	2a. Mailing Address 26 1321 N. Main Street Suite, Apt. #, etc. 27 2nd Floor City & State 28 Jacksonville, FL Zip 29 32206
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$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

**PACKARD, KRISTEN K
225 WATER STREET
3RD FLOOR
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name Beth J. Dickinson
82 Street Address (P.O. Box Number is Not Acceptable) 1321 N. Main Street, 2nd Floor
83
84 City Jacksonville
85 Zip Code FL 32206

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 *Beth J. Dickinson* **Beth J. Dickinson** **1-28-98**
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME ARNALL, JOSEPH		1.2 NAME	
STREET ADDRESS 9570 REGENCY SQ. BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32225		1.4 CITY-ST-ZIP	
TITLE TD	☒ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME MILLER, ROBERT L		2.2 NAME	
STREET ADDRESS 121 WEST FORSYTH ST., STE. 200		2.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32202		2.4 CITY-ST-ZIP	
TITLE VPSD	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME MOORE, TERRY A		3.2 NAME	
STREET ADDRESS 50 N. LAURA STREET, STE. 3100		3.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32202		3.4 CITY-ST-ZIP	
TITLE D	☒ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME ROOD, JOHN D		4.2 NAME	
STREET ADDRESS 3030 HARTLEY RD., SUITE 100		4.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE BEACH FL 32257		4.4 CITY-ST-ZIP	
TITLE D	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME BEYAH, MALACHI		5.2 NAME	
STREET ADDRESS P.O. BOX 12104-N-A		5.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		5.4 CITY-ST-ZIP	
TITLE D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME BRYANT, MICHAEL L		6.2 NAME	
STREET ADDRESS 1131 NORTH LAURA STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32202		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.

SIGNATURE: *[Signature]* **7/5/98**

CR2037 (10/97)