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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N93000002998

1. Corporation Name
FIRST COAST FAMILY AND HOUSING FOUNDATION, INC.

Principal Place of Business	Mailing Address
1321 N MAIN ST 2ND FL JACKSONVILLE FL 32206 US	1321 N MAIN ST 2ND FL JACKSONVILLE FL 32206 US

2. Principal Place of Business	2a. Mailing Address
21 325 W. Adams St.	26 325 W. Adams St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 305	27 305
City & State	City & State
23 Jacksonville, FL	28 Jacksonville, FL
Zip / Country	Zip / Country
24 32202 25 USA	29 32202 30 USA

3. Date Incorporated or Qualified: 07/06/1993

4. FEI Number: 59-3206820 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DICKINSON, BETH J
1321 N MAIN ST
2ND FL
JACKSONVILLE FL 32206

10. Name and Address of New Registered Agent

81 Name: Matteson, Barbara J.
82 Street Address (P.O. Box Number is Not Acceptable): 325 W. Adams St.
83: Suite #305
84 City: Jacksonville 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.

SIGNATURE: Matteson, Barbara J., Exec. Director — 4-28-99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ARNALL, JOSEPH 9570 REGENCY SQ. BLVD. JACKSONVILLE FL 32225	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition 103A Solana Rd. Ponte Vedra Beach, FL 32082	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KNUTZEN, JAMES V. 3100 UNIVERSITY BLVD. STE 230 JACKSONVILLE FL 32216	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☑ Change ☐ Addition DT Knutzen, James V. 3100 University Blvd., Ste. 230 Jacksonville, FL 32216	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPST MOORE, TERRY A 50 N. LAURA STREET, STE. 3100 JACKSONVILLE FL 32202	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition DV Buxbaum, Gerald 103A Solana Rd. Ponte Vedra Beach, FL 32082	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLEVELAND, HOLLY K 225 WATER STREET, 2ND FL JACKSONVILLE FL 32202	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRYANT, MICHAEL L 1131 NORTH LAURA STREET JACKSONVILLE FL 32202	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☑ Change ☐ Addition DS Bryant, Michael L. 1131 N. Laura St. Jacksonville, FL 32202	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

CR2E037 (1/1/98)

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 REQUIRED Title Pres — 4-16-99 — (904) 353-0891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #