

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004268 (9)

1. Corporation Name

FIRST COAST WOMEN IN INTERNATIONAL TRADE, INC.



Principal Place of Business

Mailing Address

**9802 BAYMEADOWS RD
SUITE 12
JACKSONVILLE FL 32256**

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SUITE 12
JACKSONVILLE FL 32256**

3. Date Incorporated or Qualified
09/21/1993

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-3204508

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CASELTINE, HELENE
9802 BAYMEADOWS RD
SUITE 12
JACKSONVILLE FL 32256**

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

Signature typed or printed name of registered agent and their appointment

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **WILBER, KELSEA**
STREET ADDRESS **4981 ATLANTIC BLVD. #4**
CITY-STATE-ZIP **JACKSONVILLE FL**

TITLE **V** ☐ DELETE
NAME **CASELTINE, HELEN**
STREET ADDRESS **3 INDEPENT DR**
CITY-STATE-ZIP **JACKSONVILLE FL**

TITLE **SD** ☐ DELETE
NAME **PENDER, GAIL**
STREET ADDRESS **9620 DAVE RAWLS BLVD**
CITY-STATE-ZIP **JACKSONVILLE FL**

TITLE **T** ☐ DELETE
NAME **LEVY, ELIZABETH**
STREET ADDRESS **9848 PADDLEWHEEL COURT**
CITY-STATE-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **MCFADYEN, KAREN**
STREET ADDRESS **4077 WOODCOCK DR #104**
CITY-STATE-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **MORGAN, BABARA**
STREET ADDRESS **262 WESLEY RD**
CITY-STATE-ZIP **GREEN COVE SPRINGS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **P** ☒ Change ☐ Addition
12 NAME **CASTLELINE, HELENE**
13 STREET ADDRESS **130 ANASTASIA LODGE DR.**
14 CITY-STATE-ZIP **ST. AUGUSTINE BEACH, FL 32084**

21 TITLE **V** ☒ Change ☐ Addition
22 NAME **PENDER, GAIL**
23 STREET ADDRESS **4647 POLARIS ST.**
24 CITY-STATE-ZIP **JACKSONVILLE, FL 32205**

31 TITLE **SD** ☒ Change ☐ Addition
32 NAME **MARY MARGARET JOHNSTONE**
33 STREET ADDRESS **10468 BIG TREE CIRCLE EAST**
34 CITY-STATE-ZIP **JACKSONVILLE, FL 32257**

41 TITLE **T** ☒ Change ☐ Addition
42 NAME **JAN KNIGHT**
43 STREET ADDRESS **6780 MAGNOLIA LANE**
44 CITY-STATE-ZIP **ST. AUGUSTINE, FL 32086**

51 TITLE **D** ☒ Change ☐ Addition
52 NAME **Cathy Hagan**
53 STREET ADDRESS **2251 Barefoot Trace**
54 CITY-STATE-ZIP **Atlantic Beach, FL 32233**

61 TITLE **D** ☒ Change ☐ Addition
62 NAME **Mireille Smith**
63 STREET ADDRESS **716 SPINNACKERS REACH**
64 CITY-STATE-ZIP **PONTE VEDRA BEACH, FL 32082**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96

(904) 824-7520

Date

Daytime Phone #

CR2E037 (12/95)