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 # **N94000004286 (0)**

1. Corporation Name
FIRST COAST WIND ENSEMBLE, INC.

Principal Place of Business	Mailing Address
3402 SCRIMSHAW DRIVE JACKSONVILLE FL 32257	3402 SCRIMSHAW DRIVE JACKSONVILLE FL 32257

3. Date Incorporated or Qualified: **08/31/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-3301510** ☐ 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

MADISON, T. M JR.
4401 WESCONNETT BLVD
SUITE 103
JACKSONVILLE BEACH FL 32210

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title of applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RUSSO, LOUIS		1.2 NAME		
STREET ADDRESS	939 ARBOR LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FLOURNOY, YVONNE		2.2 NAME		
STREET ADDRESS	1546 N. CRABAPPLE COVE CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	PCD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GRIFFITH, JULIE A		3.2 NAME		
STREET ADDRESS	3402 SCRIMSHAW DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	PMD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BLACKWELL, EVELYN		4.2 NAME		
STREET ADDRESS	3402 SCRIMSHAW DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOLMAN, BILL		5.2 NAME		
STREET ADDRESS	1035 24 ST. NORTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: Evelyn B. Blackwell, Dir. 3-28-96 904-573-8889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
EVELYN B. BLACKWELL

CR2E037 (12/95)