FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Apr 20, 1999 8:00 am
Secretary of State
04-20-1999 90019 046 ****61.25

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DOCUMENT # N94000004286

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 420 Cedar Creek Road	26 420 Cedar Creek Road	08/31/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3301510 ☐ Applied For ☐ Not Applicable
City & State 23 Palatka, Florida	City & State 28 Palatka, Florida	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 32177 25 Putnam	Zip / Country 29 32177 30 Putnam	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BLACKWELL, EVELYN B - SAME PERSON, IS AGENT 3402 SCRIMSHAW DRIVE JACKSONVILLE FL 32257 NEW ADDRESS ---	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 420 Cedar Creek Road 83 84 City Palatka FL 85 Zip Code 32177

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 Evelyn B. Blackwell DATE 4-12-99
Signature, typed or printed name of registered agent and title if 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	VANCE, MATTHEW		1.2 NAME		
STREET ADDRESS	1704 WOOD HILL PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32256		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	MCNEW, ELDA L		3.2 NAME		
STREET ADDRESS	525 ROYAL PALMS DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH FL 32233		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	D	☐ Change ☒ Addition
NAME	MCDONALD, MARCELA A		5.2 NAME	Matthew Hammond	
STREET ADDRESS	625 SAN CLEMENTI DRIVE		5.3 STREET ADDRESS	604B Oregon City Street	
CITY-ST-ZIP	ORANGE PARK FL 32073		5.4 CITY-ST-ZIP	Mayport, FL 32227	
TITLE	D	☐ DELETE	6.1 TITLE	PCD	☒ Change ☐ Addition
NAME	GENTKOWSKI, DAVID M		6.2 NAME		
STREET ADDRESS	9059 ROCKPOND MEADOWS DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32221		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, with all other like empowered.

SIGNATURE: Evelyn B. Blackwell **SIGNATURE REQUIRED** Evelyn B. Blackwell 4/12/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)