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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N95000005628 (1)

1. Corporation Name

FIRST COAST CORVETTE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6080 PARK STREET
JACKSONVILLE FL 32205

POST OFFICE BOX 57671
JACKSONVILLE FL 32241-7671

3. Date Incorporated or Qualified
11/27/1995

3a. Date of Last Report
04/27/1996

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

28 Zip

30 Country

4. FEI Number

APPLIED FOR 59-3035912

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

TERRY, RONALD E
8080 PARK STREET
JACKSONVILLE FL 32205

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 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 PD
NAME COE, ANNE M
STREET ADDRESS 8416 FT CAROLINE RD.
CITY-ST-ZIP JACKSONVILLE FL 32277

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE VD
NAME HAVERKAMP, HARRY A
STREET ADDRESS 2539 CHESTERBROOK CT
CITY-ST-ZIP JACKSONVILLE FL 32224

DELETE

2.1 TITLE VD
2.2 NAME WILLIAMS, JANE
2.3 STREET ADDRESS 3747 PARK ST
2.4 CITY-ST-ZIP JACKSONVILLE FL 32205

Change Addition

TITLE TD
NAME KANASZKA, THOMAS
STREET ADDRESS 1925 TANGLEWOOD RD.
CITY-ST-ZIP JACKSONVILLE FL 32250

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE SD
NAME REED, LINDA
STREET ADDRESS 44 SOLANA RD
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

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

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

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

14. I do 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:

Anne M Coe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 2/27/97
DAYTIME PHONE: 904-743-5444

CR2E037 (9/96)