

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 10 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 6080 PARK STREET JACKSONVILLE FL 32205	Mailing Address POST OFFICE BOX 57671 JACKSONVILLE FL 32241-7671
--	--

3. Date Incorporated or Qualified
11/27/1995

4. FEI Number
59-3035912

Applied For	Not Applicable
-------------	----------------

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**TERRY, RONALD E
6080 PARK STREET
JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COE, ANNE M	
STREET ADDRESS	8416 FT CAROLINE RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, JANE	
STREET ADDRESS	3747 PARK ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KANASZKA, THOMAS	
STREET ADDRESS	1925 TANGLEWOOD RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	REED, LINDA	
STREET ADDRESS	44 SOLANA RD	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOUG JOHNSON	
1.3 STREET ADDRESS	12158 BLACK FOOT COURT	
1.4 CITY-ST-ZIP	JACKSONVILLE FLA 32223	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DAVID WYNTER	
2.3 STREET ADDRESS	6729 ALISMA LANE	
2.4 CITY-ST-ZIP	JACKSONVILLE FLA 32244	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PHYLISS HAVERKAMP	
4.3 STREET ADDRESS	848 OLEAN BLVD	
4.4 CITY-ST-ZIP	ATLANTIC BCH. FLA 32233	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *Thomas Kanaszka* **THOMAS KANASZKA 2/13/98 904-249-8405**

CR2E037 (10/97)