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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N96000003422 (0)

1. Corporation Name

FIRST COAST CATHOLIC COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
6320 ST. AUGUSTINE ROAD SUITE 2 JACKSONVILLE FL 32217	6320 ST. AUGUSTINE ROAD SUITE 2 JACKSONVILLE FL 32217-2813

3. Date Incorporated or Qualified: 06/26/1996
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 14041 ATLANTIC BLVD	26 P.O. Box 51585
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ATLANTIC BEACH, FL	28 City & State: JACKSONVILLE BEACH, FL
24 Zip: 32233 25 Country: USA	29 Zip: 32240-1585 30 Country: USA

4. FEI Number: 59-3397612 ☐ 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
MAKOWSKI, RAYMOND E ESQ. 886 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250	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 if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,D Peter Cagle N/A P.O. Box 51585 Jax Beach FL 32240	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P, D PETER CAGLE N/A P.O. BOX 51585 JAX BCH FL 32240	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V,D J. Christopher Williams 405 Snapping Turtle CT E Atlantic Beach FL 32233	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	J. CHRISTOPHER WILLIAMS 405 SNAPPING TURTLE CT ATLANTIC BEACH FL 32233 V, D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Richard Miller 29 Fairway Lane Jax Beach FL 32250	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D RICHARD MILLER 29 FAIRWAY LANE JAX BCH, FL 32250	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, S Ray Makowski 886 South 3rd ST Jax Beach FL 32250	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D RAY MAKOWSKI 886 SOUTH 3RD ST JAX BEACH, FL 32250	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jim Jarboe 332 4th ST Atlantic Beach FL 32233	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D JIM JARBOE 332 4TH ST ATLANTIC BEACH FL 32233	☒ 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

CR2E037 (9/96)

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. J. CHRISTOPHER WILLIAMS

SIGNATURE: [signature] 4-29-97 JAX BCH FL 32233