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Mar 25 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 # N96000003422 (0)

1. Corporation Name

FIRST COAST CATHOLIC COMMUNICATIONS, INC.



Principal Place of Business

Mailing Address

14041 ATLANTIC BLVD.
ATLANTIC BEACH FL 32233
US

P.O. BOX 51585
JACKSONVILLE FL 32240-1585
US

3. Date Incorporated or Qualified

06/26/1996

4. FEI Number

59-3397612

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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

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

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 CAGLE, PETER
STREET ADDRESS P.O. BOX 51585 N/A
CITY-ST-ZIP JAX BEACH FL

☐ DELETE

TITLE D
NAME MILLER, RICHARD
STREET ADDRESS 29 FAIRWAY LANE
CITY-ST-ZIP JAX BEACH FL

☐ DELETE

TITLE D
NAME MAKOWSKI,
STREET ADDRESS 886 SOUTH 3RD ST.
CITY-ST-ZIP JAX BEACH FL

☐ DELETE

TITLE D
NAME JARBOE, JIM
STREET ADDRESS 332 4TH ST.
CITY-ST-ZIP ATLANTIC BEACH FL

☐ DELETE

TITLE VD
NAME WILLIAMS, CHRISTOPHER J
STREET ADDRESS 405 SNAPPING TURTLE CT.
CITY-ST-ZIP ATLANTIC BCH. FL 32233

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

D
CAGLE, PETER
P.O. BOX 51585 N/A
JAX BEACH, FL 32240

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

VD
JARBOE, Jim
332 4th St
ATLANTIC BEACH, FL 32233

☒ Change ☐ Addition

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

PD
WILLIAMS, CHRISTOPHER J
405 SNAPPING TURTLE CT
ATLANTIC BEACH FL 32233

☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Christopher J. Williams
CHRISTOPHER J. WILLIAMS

2-17-98 9042420094

CR2E037 (10/97)