FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

729652

(8)

EAST COAST COLLEGE

EAST	COAST COLLEGE					1 18 Birk 18 GIR (1818 1818 Brien Brien 8	1 ((1: 4)10) ((4)1 (:4)1 ((4)1	
Principal Place of Business Mailing Address								
5353 ARLING JACKSONVIL	GTON EXPRESSWAY LE FL 32211		5353 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211					
						3. Date Incorporated or Qualified 05/01/1974	3a. Date of Last 02/16/1	
2. Principal Pa	ace of Business	2a. Mailing A	ddress			4. FEI Number		Applied For
21 Suite Ant		26				59-0796889 Not Applicable		
Suite, Apt	#, etc	27	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State	9	<u></u>	City & State			6. Election Campaign Financing		0 May Be
23 Zip	Country	28	Zip Country			Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29		30	y		intangible tax under s. No	199.032,
	rent Registered Age				10. Name and Address of New Registered Agent			
				81	Name			
	DOROTHY D.	_		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
5353 ARLINGTON EXPRSWY STE 410 JACKSONVILLE FL 32211				83				
JACKSC	MAILLE LE 25511			84	Cibi			n Codo
					' '		FL	p Code
or register familiar wit	to the provisions of Sections 617.09 led agent, or both, in the State of F th, and accept the obligations of, S	lorida. Such charige v	vas authoriza	ed by the corp	named corpo coration's boa	ration submits this statement for the purific of directors. Thereby accept the app	rpose of changing its i ointment as registered	egistered office l agent. I am
SIGNATURE .	Signature, typed or printed name of registered a	gent and title it applicable	(NO	IE: Registered Age	nt signature require	id when reinstating)	DATE	
12.	OFFICERS	AND DIFFCTORS		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	DRS IN 12
THLE	PD		DELETE	1.1 TITLE			Change	Addition :
NAME	JONES, DOROTHY			1.2 NAME				
STREET ADDRESS	0000 / 1121/01/01/01/01/01/01/01/01/01/01/01/01/01			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	JACKSONVILLE, FL 00000 TD		DELETE	2.1 TiTLE	51 - ZIP		☐ Change	Addition
NAME	JONES, JACK H			2.2 NAME				
STREET ADDRESS				2 3 STREET ADDRESS				
CITY - ST - ZIP	JACKSONVILLE, FL 00000				St-ZiP			
TITLE	SD		DELETE	3 1 TITLE			Change	Addition
NAME	Jones, Kenneth L.			3 2 NAME				
STREET ADDRESS	5353 ARLINGTON EXP. #8	3-1		3 3 STREE	T ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL		Inc. Fic	3.4 CHTY	ST-ZIP		[] Chann	f Jagres
TITLE		Ll	DELETE	4 1 TITLE			Change	Addition
NAME STREET ADDRESS				4 2 NAMI	T ADDRESS			
City-ST-ZiP				4.4 CITY-				
TITLE			DELETE	5 1 TITLE	31-21	·	Change	Addition Addition
NAME				5.2 NAME				-
STREET ADDRESS					T ADDRESS			
CHTY-ST-ZiP				54 CITY-	S1-7IP			
TITLE			DELETE	61 THLE			☐ Change	Addition
NAME				6.2 NAME				
STREET ADDRESS				63 STREE	T ADDRESS			
City - ST - ZiP				64 CITY-			272.0	
certify that	t the information indicated on this a	annual report or supple progration or the receiver	ementál ann ver or truste	ual report is to e empowered	ue and accura	for the exemption stated in Section 119 ate and that my signature shall have the is report as required by Chapter 617, Fl	same legal effect as i	f made under

SIGNATURE: Dorothy D. Jones, President 1/25/96 940-743-1122
SIGNATURE AND TYPE OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day 1078 Proce 8