

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 734872 (5)  
1. Corporation Name

FIRST COAST DEVELOPMENTAL ACADEMY, INC.

500001817295  
-05/13/96--01004--011  
\*\*\*61.25



Principal Place of Business Mailing Address  
1078 W. 18TH STREET 1078 W. 18TH STREET  
JACKSONVILLE FL 32209 JACKSONVILLE FL 32209

3. Date Incorporated or Qualified 01/30/1976 3a. Date of Last Report 02/24/1995

2. Principal Place of Business 2a. Mailing Address  
21 1078 W. 18th Street 26 1078 W 18th Street  
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 59-1696355 Applied For Not Applicable

22 City & State Jacksonville, FL 27 City & State Jacksonville, Florida  
23 Zip 32209 Country Duval 28 Zip 32209 Country Duval  
24 32209 25 Duval 29 32209 30 Duval

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  
BROWN, DOUG  
115 W. 4TH ST.  
JACKSONVILLE FL 32206

10. Name and Address of New Registered Agent  
81 Name Roland Buck  
82 Street Address (P.O. Box Number is Not Acceptable) 10948 Ashbourne Trail  
83  
84 City Jacksonville FL 85 Zip Code 32225

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 Roland Buck 3/15/96  
(NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS  
TITLE PD ☐ DELETE  
NAME BROWN, DOUG  
STREET ADDRESS 115 W. 4TH ST..  
CITY-ST-ZIP JACKSONVILLE FL 32206  
TITLE VD ☐ DELETE  
NAME BARNES, LETITIA  
STREET ADDRESS 5332 JOHN REYNOLD DR  
CITY-ST-ZIP JACKSONVILLE FL  
TITLE TD ☐ DELETE  
NAME DAVIS, GARDNER  
STREET ADDRESS 4619 ALGONQUIS AVE.  
CITY-ST-ZIP JACKSONVILLE FL 32210  
TITLE SD ☐ DELETE  
NAME BUCK, ROLAND  
STREET ADDRESS 10948 ASHBOURNE TR  
CITY-ST-ZIP JACKSONVILLE FL  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Roland Buck  
1.3 STREET ADDRESS 10948 Ashbourne Trail  
1.4 CITY-ST-ZIP Jacksonville FL 32225 ☐ Change ☒ Addition  
2.1 TITLE VD ☐ Change ☒ Addition  
2.2 NAME Sandy Moore  
2.3 STREET ADDRESS 1701 Prudential Dr.  
2.4 CITY-ST-ZIP Jacksonville, FL 32207 ☐ Change ☒ Addition  
3.1 TITLE TD - Cassius Priestly  
3.2 NAME 5876 Copper Creek Dr.  
3.3 STREET ADDRESS Jacksonville, FL 32218  
3.4 CITY-ST-ZIP  
4.1 TITLE SD- Douglas Brown ☒ Change ☐ Addition  
4.2 NAME 115 W. 4th Street  
4.3 STREET ADDRESS Jacksonville, FL 32206  
4.4 CITY-ST-ZIP  
5.1 TITLE Executive Director ☐ Change ☐ Addition  
5.2 NAME Esmin Master  
5.3 STREET ADDRESS 1078 W. 18th Street  
5.4 CITY-ST-ZIP Jacksonville, FL 32209  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Esmin Master, Executive Director 3/15/96 (904)356-4227  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)