


FILE NOW: FILING FEE IS \$61.25

FILED

Jul 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **734872** (5)  
1. Corporation Name

**FIRST COAST DEVELOPMENTAL ACADEMY, INC.**



Principal Place of Business <b>1078 W. 18TH STREET JACKSONVILLE FL 32209</b>	Mailing Address <b>1078 W. 18TH STREET JACKSONVILLE FL 32209-5170</b>
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3. Date Incorporated or Qualified <b>01/30/1976</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business <b>21 1078 W. 18th Street</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 SAME</b> Suite, Apt. #, etc.	4. FEI Number <b>59-1696355</b>	Applied For <input type="checkbox"/> Not Applicable
<b>22 -</b>	<b>27 -</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State <b>23 Jacksonville, Fl.</b>	City & State <b>28 -</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24 32209</b>	Country <b>25 Duval</b>	Zip <b>29 -</b>	Country <b>30 -</b>
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**BUCK, ROLAND  
10948 ASHBOURNE TR.  
JACKSONVILLE FL 32225**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	SA
NAME	BUCK, ROLAND	1.2 NAME	Mark Middlebrook
STREET ADDRESS	10948 ASHBOURNE TR	1.3 STREET ADDRESS	21 Salfish Drive
CITY-ST-ZIP	JACKSONVILLE FL 32225	1.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	VD	2.1 TITLE	PD
NAME	BARNES, LETITIA	2.2 NAME	Buck, Roland
STREET ADDRESS	5332 JOHN REYNOLD DR	2.3 STREET ADDRESS	10948 Ashbourne Trail
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	TD	3.1 TITLE	TD
NAME	DAVIS, GARDNER	3.2 NAME	Svendson, Patsy
STREET ADDRESS	4819 ALGONQUIS AVE.	3.3 STREET ADDRESS	4575 St. John Ave, Suite 2
CITY-ST-ZIP	JACKSONVILLE FL 32210	3.4 CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	SD	4.1 TITLE	VD
NAME	BROWN, DOUGLAS	4.2 NAME	Moore, Bill
STREET ADDRESS	115 W. 4TH ST.	4.3 STREET ADDRESS	6171 Cedar Hills Blvd.
CITY-ST-ZIP	JACKSONVILLE FL 32208	4.4 CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	D	5.1 TITLE	Esmin Master D
NAME	MASTER, ESMIN	5.2 NAME	1078 W. 18th Street
STREET ADDRESS	1078 W. 18TH STREET	5.3 STREET ADDRESS	Jacksonville, FL 32209
CITY-ST-ZIP	JACKSONVILLE FL 32209	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	
NAME	MOORE, SANDY	6.2 NAME	
STREET ADDRESS	1701 PRUDENTIAL DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	6.4 CITY-ST-ZIP	

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.

CR2E037 (9/96)