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May 05, 1999 8:00 am
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05-05-1999 90056 045 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734872

1. Corporation Name

FIRST COAST DEVELOPMENTAL ACADEMY, INC.

Principal Place of Business

1078 W 18TH ST
JACKSONVILLE FL 32209
US

Mailing Address

1078 W. 18TH STREET
JACKSONVILLE FL 32209



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/30/1976

4. FEI Number

59-1696355

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

9. Name and Address of Current Registered Agent

BUCK, ROLAND
10948 ASHBOURNE TR.
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name

Dr. Robert Mitchell

82 Street Address (P.O. Box Number is Not Acceptable)

1659 Palmdale Street

83

84 City

Jacksonville

FL

85 Zip Code
32208

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

TITLE SD ☐ DELETE
NAME CUMMINGS, ANNICE
STREET ADDRESS 3250 HICKORYNUT STREET
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE PD ☐ DELETE
NAME BUCK, ROLAND
STREET ADDRESS 10948 ASHBOURNE TRAIL
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD ☐ DELETE
NAME BERRY, KENT
STREET ADDRESS 1 INDEPENDENT DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE VD ☐ DELETE
NAME MITCHELL, DR. ROBERT
STREET ADDRESS 1659 PALMDALE STREET
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE D ☒ DELETE
NAME ESMIN, MASTER
STREET ADDRESS 1078 W. 18TH STREET
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME D
5.3 STREET ADDRESS Judith Youngblood
5.4 CITY-ST-ZIP 1078 West 18th Street
5.5 CITY-ST-ZIP Jacksonville, FL 32209

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

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, with all other like empowered.

SIGNATURE:

Robert Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99 (904) 768-0013

Date

Daytime Phone #

CR2E037 (11/98)