

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N05564

FILED
Jul 15, 2002
Secretary of State

Entity Name: NAPM - FLORIDA'S FIRST COAST, INC.

Current Principal Place of Business:

P.O. BOX 2395
JACKSONVILLE, FL 322032395

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2395
JACKSONVILLE, FL 322032395

New Mailing Address:

FEI Number: 59-2500611 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURCH, JOE
4527 DOUGLAS STREET
MACCLENNY, FL 32063

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DFNA () Delete
Name: BUTLER MIMS, CHERYL
Address: 45 PLANTATION OAKS DRIVE
City-St-Zip: SAINT MARYS, GA 31558

Title: P () Delete
Name: KING, DAVID
Address: 601 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

Title: DFSE () Delete
Name: JARVIS, TOBI
Address: 21 WEST CHURCH STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: T () Delete
Name: GOSHCO, JOHN
Address: 4527 DOUGLAS DRIVE S
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: S () Delete
Name: BURCH, JOE
Address: 4527 DOUGLAS STREET
City-St-Zip: MACCLENNY, FL 32063

Title: D () Delete
Name: BRADLEY, TONJA
Address: 1171 LANE AVE S
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: EA (X) Change () Addition
Name: CHADBOURNE, HARLAND
Address: 21 WEST CHURCH STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID KING

P

07/15/2002

Electronic Signature of Signing Officer or Director

_____ Date

ELIZABETH MATTKE
4880 BULLS BAY HIGHWAY
JACKSONVILLE, FL 32219