


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 13, 2003 8:00 am**  
**Secretary of State**

08-13-2003 90077 038 \*\*\*\*61.25

**DOCUMENT # N05564**

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



Principal Place of Business  
**P.O. BOX 2395  
JACKSONVILLE FL 32203-2395**

Mailing Address  
**P.O. BOX 2395  
JACKSONVILLE FL 32203-2395**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

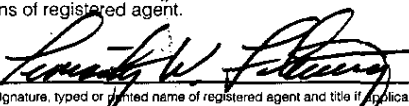
4. FEI Number **59-2500611**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BURCH, JOE  
4527 DOUGLAS STREET  
MACCLENLY FL 32063**

7. Name and Address of New Registered Agent  
Name **Timothy W. Fleming**  
Street Address (P.O. Box Number is Not Acceptable)  
**26 Anderson Street  
St. Augustine FL 32084**  
City **FL** Zip Code **32084**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Timothy W. Fleming** DATE **07/30/2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EA CHADBOURNE, HARLAND 21 WEST CHURCH STREET JACKSONVILLE FL 32202</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KING, DAVID 601 RIVERSIDE AVENUE JACKSONVILLE FL 32204</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DFSE JARVIS, TOBI 21 WEST CHURCH STREET JACKSONVILLE FL 32202</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T GOSHCO, JOHN 4527 DOUGLAS DRIVE S FERNANDINA BEACH FL 32034</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BURCH, JOE 4527 DOUGLAS STREET MACCLENLY FL 32063</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRADLEY, TONJA 1171 LANE AVE S JACKSONVILLE FL 32205</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EA Linda Lake 890 North Highway 17 Palatka FL 32177</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Harland Chadbourne 21 Church Street, Jacksonville, FL 32202</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1901 Lakeside Drive, South Fernandina Beach, FL 32034</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Timothy W. Fleming 26 Anderson Street St. Augustine FL 32084</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Lu Bergstrand 2520 Begonia Drive Middleburg FL 32068</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Aug 1 - 03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)