

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N08865** (0)  
1. Corporation Name  
**PURCHASING COUNCIL OF FLORIDA'S FIRST COAST, INC**



Principal Place of Business Mailing Address  
**% MICHAEL CHRISTY**  
**111 BUSCH DR.**  
**JACKSONVILLE FL 32218-5595**  
**P.O. BOX 56984**  
**JACKSONVILLE FL 32241-6984**

3. Date Incorporated or Qualified **04/23/1985** 3a. Date of Last Report **08/18/1995**  
4. FEI Number **NOT APPLICABLE** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country 30  
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAWKINSON, JAMES**  
**124 INDUSTRIAL LOOP**  
**ORANGE PARK FL 32073**

81 Name **BJORK, ETHEL M.**  
82 Street Address (P.O. Box Number is Not Acceptable) **250 SPRING FOREST AVENUE**  
83  
84 City **JACKSONVILLE** FL 85 Zip Code **32216**

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 *Ethel M. Bjork* **ETHEL M. BJORK, TREASURER** **4/23/96**  
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>MD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHRISTY, MICHAEL</b>	1.2 NAME	
STREET ADDRESS	<b>133 30TH AVENUE SOUTH</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BJORK, ETHEL</b>	2.2 NAME	
STREET ADDRESS	<b>250 SPRING FOREST AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, CARLOS</b>	3.2 NAME	
STREET ADDRESS	<b>551 VIKINGS LANE DS DRIVE, N.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTIC BEACH FL 32233</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COBB, RICHARD</b>	4.2 NAME	
STREET ADDRESS	<b>1561 PLANTATION OAKS LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FERNANDINA FL 32304</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Ethel M. Bjork* **ETHEL M. BJORK, TREASURER** **4/23/96** **904-398-8175**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)