

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90033 045 \*\*\*\*61.25

**DOCUMENT # N08865**

1. Corporation Name

**PURCHASING COUNCIL OF FLORIDA'S FIRST COAST, INC**

Principal Place of Business

% MICHAEL CHRISTY  
111 BUSCH DR.  
JACKSONVILLE FL 32218-5595

Mailing Address

P O BOX 5263  
JACKSONVILLE FL 32247-5263  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**04/23/1985**

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

9. Name and Address of Current Registered Agent

**BJORK, ETHEL M.**  
**250 SPRING FOREST AVE**  
**JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 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

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 MD ☒ DELETE

NAME **CHRISTY, MICHAEL**  
STREET ADDRESS **133 30TH AVENUE SOUTH**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE TD ☒ DELETE

NAME **BJORK, ETHEL**  
STREET ADDRESS **250 SPRING FOREST AVENUE**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **PD CD** ☐ DELETE

NAME **HENDERSON, WILLIAM M**  
STREET ADDRESS **3971 ST. ISABEL DR. E**  
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **CD** ☒ DELETE

NAME **COBB, RICHARD**  
STREET ADDRESS **1561 PLANTATION OAKS LANE**  
CITY-ST-ZIP **FERNANDINA FL 32304**

TITLE **VD** ☐ DELETE

NAME **JENKINS, EVELYN**  
STREET ADDRESS **855 MAGIC COVE LN**  
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **VD** ☐ DELETE

NAME **BJORK-KOLLER, INGA R**  
STREET ADDRESS **12790 WILDERNESS LN W**  
CITY-ST-ZIP **JACKSONVILLE FL 32258**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☐ Change ☒ Addition

1.2 NAME **KEN WILLIAMS**  
1.3 STREET ADDRESS **100 Laguna Villas Blvd. #65**  
1.4 CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

2.1 TITLE **TD** ☐ Change ☒ Addition

2.2 NAME **REIFSMIEDER, ROBERT J**  
2.3 STREET ADDRESS **206 STONERIDGE COURT**  
2.4 CITY-ST-ZIP **ORANGE PARK, FL 32065**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **CD** ☒ Change ☐ Addition

4.2 NAME **HENDERSON, WILLIAM M**  
4.3 STREET ADDRESS **3971 ST. ISABEL DR. E**  
4.4 CITY-ST-ZIP **JACKSONVILLE, FL 32277**

5.1 TITLE **PD** ☒ Change ☐ Addition

5.2 NAME **JENKINS, EVELYN**  
5.3 STREET ADDRESS **855 MAGIC COVE LN**  
5.4 CITY-ST-ZIP **JACKSONVILLE, FL 32218**

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)