

# 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 # N29096 (7)**

1. Corporation Name

**FIRST COAST CENTER, INC.**



Principal Place of Business

Mailing Address

% HOWARD C. OLIVER  
5160 HIGHWAY 98 EAST STE. 5  
DESTIN FL 32541

% HOWARD C. OLIVER  
5160 HIGHWAY 98 EAST STE. 5  
DESTIN FL 32541

3. Date Incorporated or Qualified  
**11/03/1988**

3a. Date of Last Report  
**02/03/1995**

2. Principal Place of Business

2a. Mailing Address

21 **10221 Emerald Coast Pkwy**

26 **10221 Emerald Coast Pkwy.**

4. FEI Number

**59-2935904**

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 **Suite 23**

27 **Suite 23**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

23 **Destin, FL**

28 **Destin, FL**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

24 **32541**

25 **U.S.**

29 **32541**

30 **U.S.**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OLIVER, HOWARD C.  
5160 HIGHWAY 98 EAST  
SUITE 5  
DESTIN FL 32541**

81 Name

**Oliver, Howard C.**

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

**10221 Emerald Coast Parkway - Suite 23**

83

84 City

**Destin,**

**FL**

85 Zip Code

**32541**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **HOWARD, OLIVER**  
STREET ADDRESS **5160 HIGHWAY 98 E. STE 5**  
CITY-ST-ZIP **DESTIN FL**

11 TITLE ☒ Change ☐ Addition

12 NAME  
13 STREET ADDRESS **10221 Emerald Coast Parkway - Suite 23**  
14 CITY-ST-ZIP **Destin, FL 32541**

TITLE **VDS** ☐ DELETE

NAME **OWENS, PAUL D.**  
STREET ADDRESS **5160 HIGHWAY 98 E. STE 5**  
CITY-ST-ZIP **DESTIN FL**

21 TITLE ☒ Change ☐ Addition

22 NAME  
23 STREET ADDRESS **10221 Emerald Coast Parkway - Suite 23**  
24 CITY-ST-ZIP **Destin, FL 32541**

TITLE **T** ☐ DELETE

NAME **OWENS, PAUL D.**  
STREET ADDRESS **5160 HIGHWAY 98 E. STE 5**  
CITY-ST-ZIP **DESTIN FL**

31 TITLE ☒ Change ☐ Addition

32 NAME  
33 STREET ADDRESS **10221 Emerald Coast Parkway - Suite 23**  
34 CITY-ST-ZIP **Destin, FL 32531**

TITLE **D** ☐ DELETE

NAME **PAJIC, STEVE**  
STREET ADDRESS **3100 INDEPENDENT SQUARE**  
CITY-ST-ZIP **JACKSONVILLE FL**

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)