

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

10221 EMERALD COAST PKWY
STE. 23
DESTIN FL 32541
US10211 EMERALD COAST PKWY.
STE. 23
DESTIN FL 32541-4961
US3. Date Incorporated or Qualified
11/03/19883a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 10065 Emerald Coast Pkwy.

2a. Mailing Address

26 10065 Emerald Coast Pkwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite C-3

27 Suite C-3

City & State

City & State

23 Destin, FL

28 Destin, FL

Zip

Country

Zip

Country

24 32541

25

29 32541

30

US

4. FEI Number

59-2935904

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. 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.
10221 EMERALD COAST PKWY.
STE. 23
DESTIN FL 32541

81 Name

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

10065 Emerald Coast Pkwy., Suite C-3

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME HOWARD, OLIVER
STREET ADDRESS 10221 EMERALD COAST PKWY., STE. 23
CITY-ST-ZIP DESTIN FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 10065 Emerald Coast Pkwy. Suite C-3
1.4 CITY-ST-ZIPTITLE VDS ☐ DELETE
NAME OWENS, PAUL D.
STREET ADDRESS 10221 EMERALD COASTS PKWY., STE. 23
CITY-ST-ZIP DESTIN FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 10065 Emerald Coast Pkwy. Suite C-3
2.4 CITY-ST-ZIPTITLE T ☐ DELETE
NAME OWENS, PAUL D.
STREET ADDRESS 10221 EMERALD COAST PKWY., STE. 23
CITY-ST-ZIP DESTIN FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 10065 Emerald Coast Pkwy. Suite C-3
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME PAJCIC, STEVE
STREET ADDRESS 3100 INDEPENDENT SQUARE
CITY-ST-ZIP JACKSONVILLE FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS One Independent Drive Suite 1900
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0073749

CR2E037 (9/96)