SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 19 AM 11:34

DOCUMENT # **N40617** **(5)**

1. Corporation Name

FIRST COAST CHILD ADVOCATES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1283 EAST 8TH STREET JACKSONVILLE FL 32206	1283 EAST 8TH STREET JACKSONVILLE FL 32206

3. Date Incorporated or Qualified: **10/04/1990**
3a. Date of Last Report: **04/05/1994**
4. FEI Number: **59-3044475** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 333 East Bay Street	26 333 East Bay Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip / Country 24 32202 / 25	Zip / Country 29 32202 / 30

9. Name and Address of Current Registered Agent

FRIEDMAN, ARLENE
1283 EAST 8TH STREET
JACKSONVILLE FL 32206

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 333 East Bay Street
84 City Jacksonville, FL 85 Zip Code 32202

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 Arlene Friedman ARLENE FRIEDMAN 6-13-95
(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	11 TITLE	☐ Change ☐ Addition
NAME	PRICE, STEPHEN	12 NAME	
STREET ADDRESS	2546 HAZEL DR	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	WILCOX, RALEIGH	22 NAME	
STREET ADDRESS	1721 BLANDING BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BROOKS, ALBERTHA	32 NAME	
STREET ADDRESS	933 W BEAVER ST	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32203	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	GRAESSLE, WILLIAM	42 NAME	
STREET ADDRESS	INDEPENDENT LIFE BLDG #2000	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BENTON, FRANCIS	52 NAME	
STREET ADDRESS	3909 SUNBEAM RD	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	HARPER, MIKE	62 NAME	
STREET ADDRESS	5934 RICHARD ST	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	64 CITY-ST-ZIP	

CR2E037 (3/95)

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)(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: STEPHEN M. PRICE 6/13/95 630-0991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0001810