

**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 # **N40617** (5)

1. Corporation Name

**FIRST COAST CHILD ADVOCATES, INC.**



Principal Place of Business

Mailing Address

333 EAST BAY STREET  
JACKSONVILLE FL 32202  
US

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JACKSONVILLE FL 32202  
US

3. Date Incorporated or Qualified **10/04/1990** 3a. Date of Last Report **06/19/1995**

2. Principal Place of Business 21 2a. Mailing Address 26

4. FEI Number **59-3044475** Applied For Not Applicable

Suite, Apt. #, etc. 22 27

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State 23 28

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Zip 24 Country 25 Zip 29 Country 30

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**

**FRIEDMAN, ARLENE  
333 EAST BAY STREET  
JACKSONVILLE FL 32202**

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 officer 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*

(NOTE: Registered Agent signature required when reappointing)

1-22-96

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PRICE, STEPHEN	
STREET ADDRESS	2546 HAZEL DR	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WILCOX, RALEIGH	
STREET ADDRESS	1721 BLANDING BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROOKS, ALBERTHA	
STREET ADDRESS	933 W BEAVER ST	
CITY-ST-ZIP	JACKSONVILLE FL 32203	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAESSLE, WILLIAM	
STREET ADDRESS	INDEPENDENT LIFE BLDG #2000	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENTON, FRANCIS	
STREET ADDRESS	3909 SUNBEAM RD	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARPER, MIKE	
STREET ADDRESS	5934 RICHARD ST	
CITY-ST-ZIP	JACKSONVILLE FL 32216	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**D**  
**PATRICIA CROSBY**  
**1070 E. ADAMS STREET**  
**JACKSONVILLE, FL 32202**

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: *Patricia Crosby* **PRESIDENT**

1-26-96

630-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)