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Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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: 333 EAST BAY STREET JACKSONVILLE FL 32202 US
Mailing Address: 333 EAST BAY STREET JACKSONVILLE FL 32202-2808 US

3. Date Incorporated or Qualified: 10/04/1990
3a. Date of Last Report: 02/05/1996
4. FEI Number: 59-3044475
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [x] No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
FRIEDMAN, ARLENE
333 EAST BAY STREET
JACKSONVILLE FL 32202

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: PD, NAME: PRICE, STEPHEN, STREET ADDRESS: 2546 HAZEL DR JACKSONVILLE FL 32216, CITY-ST-ZIP: JACKSONVILLE FL 32216
TITLE: T, NAME: WILCOX, RALEIGH, STREET ADDRESS: 1721 BLANDING BLVD JACKSONVILLE FL 32210, CITY-ST-ZIP: JACKSONVILLE FL 32210
TITLE: D, NAME: BROOKS, ALBERTHA, STREET ADDRESS: 933 W BEAVER ST JACKSONVILLE FL 32203, CITY-ST-ZIP: JACKSONVILLE FL 32203
TITLE: D, NAME: GRAESSLE, WILLIAM, STREET ADDRESS: INDEPENDENT LIFE BLDG #2000 JACKSONVILLE FL 32202, CITY-ST-ZIP: JACKSONVILLE FL 32202
TITLE: D, NAME: BENTON, FRANCIS, STREET ADDRESS: 3909 SUNBEAM RD JACKSONVILLE FL 32217, CITY-ST-ZIP: JACKSONVILLE FL 32217
TITLE: D, NAME: CROSBY, PATRICIA, STREET ADDRESS: 1070 E ADAMS STREET JACKSONVILLE FL, CITY-ST-ZIP: JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: PD, NAME: BENTON, FRAN, STREET ADDRESS: 3909 SUNBEAM RD #510 JACKSONVILLE, FL 32257, CITY-ST-ZIP: JACKSONVILLE, FL 32257
2.1 TITLE: [], NAME: [], STREET ADDRESS: [], CITY-ST-ZIP: []
3.1 TITLE: D, NAME: MARY BLAKE-HOLLEN, STREET ADDRESS: 403 WEST 10th STREET JACKSONVILLE, FL 32206, CITY-ST-ZIP: JACKSONVILLE, FL 32206
4.1 TITLE: VP, NAME: GRAESSLE, WILLIAM, STREET ADDRESS: 219 NEWMAN ST. - 4th FLOOR JACKSONVILLE, FL 32202, CITY-ST-ZIP: JACKSONVILLE, FL 32202
5.1 TITLE: D, NAME: KELLIE PRUSIECKI, STREET ADDRESS: 3421 SUNNYSIDE DRIVE JACKSONVILLE, FL 32207, CITY-ST-ZIP: JACKSONVILLE, FL 32207
6.1 TITLE: [], NAME: [], STREET ADDRESS: [], 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: *Arlene Friedman* Registered Agent 2/21/97 904) 630 1200

CR2E037 (9/96)