

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40617

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
US

FILED
Mar 14, 1999 8:00 am
Secretary of State

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

10/04/1990

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BENTON, FRAN
STREET ADDRESS 3909 SUNBEAM RD. #510
CITY-ST-ZIP JACKSONVILLE FL
☒ DELETE

TITLE T
NAME WILCOX, RALEIGH
STREET ADDRESS 103 CENTURY 21 DR. STE 112
CITY-ST-ZIP JACKSONVILLE FL 32216
☐ DELETE

TITLE D
NAME BLAKE-HOLLY, MARY
STREET ADDRESS 403 W. 10 ST
CITY-ST-ZIP JACKSONVILLE FL 32206
☐ DELETE

TITLE D
NAME GRAESSLE, WILLIAM
STREET ADDRESS 219 NEWMAN ST. 4TH FLR
CITY-ST-ZIP JACKSONVILLE FL 32202
☐ DELETE

TITLE D
NAME BENTON, FRANCIS
STREET ADDRESS 3909 SUNBEAM RD
CITY-ST-ZIP JACKSONVILLE FL 32217
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D
KELLIE DRUSIECKI
3421 SUNNYSIDE DR
JACKSONVILLE FL 32207
☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I 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 with all other like empowered.

SIGNATURE:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99 (904) 725-8555
Date Daytime Phone #

CR2E037 (11/98)