2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N40617

Entity Name: FIRST COAST CHILD ADVOCATES, INC.

Apr 30, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

333 EAST BAY STREET 220 E BAY ST JACKSONVILLE, FL 32202 **6TH FLOOR** US

JACKSONVILLE, FL 32202 US

Current Mailing Address: New Mailing Address:

13500 SUTTON PARK DR S

JACKSONVILLE, FL 32224 US

FEI Number: 59-3044475 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILCOX, RALEIGH M 13500 SÚTTON PARK DR S

3050 TIMBERLAKE POINT PONTE VEDRA BEACH, FL 32082 US

WODEHOUSE, CAMI

STE 703 JACKSONVILLE, FL 32224 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CAMI WODEHOUSE 04/30/2003

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

WILCOX, RALEIGH, WODEHOUSE, CAMI Name: Name: 13500 SUTTON PARK DR S STE 703 Address: 3050 TIMBERLAKE POINT Address:

City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: Title: (X) Change () Addition () Delete RICHARDSON, MARCIA A BLAKE-HOLLY, MARY Name: Name:

Address: 403 W. 10 ST Address: 153 SEA HAMMOCK WAY City-St-Zip: JACKSONVILLE, FL 32206 City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

() Delete Title: Title: (X) Change () Addition

GRAESSLE, WILLIAM, GRAVES, CINDY Name: Name:

219 NEWMAN ST. 4TH FLR 7272 SAN LUCAS RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32217 US

Title: () Delete Title: VΡ (X) Change () Addition

Name: PRUSIECKI, KELLIE Name: QUICK, DON 735 ALHAMBRA DR S 3728 PHILIPS HWY, STE 208 Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32207 US

Title: () Delete Title: () Change (X) Addition

MOORE, LISA Name: Name:

220 E BAY ST 6TH FLOOR Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32202 US

Title: () Delete Title: () Change (X) Addition

PITTMAN, JEANNE Name: Name: Address: Address: 220 E BAY ST 6TH FLOOR JACKSONVILLE, FL 32202 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAMI WODEHOUSE Т 04/30/2003