

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 28 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000000935 (7)

1. Corporation Name

FIRST COAST BUSINESS COUNCIL, INC.



Principal Place of Business

Mailing Address

2257 RIVERSIDE AVE.
JACKSONVILLE FL 32204

2257 RIVERSIDE AVE.
JACKSONVILLE FL 32204-4619

2. Principal Place of Business

2a. Mailing Address

21

26

6177 BELLE RIVE COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

JACKSONVILLE, FLA

Zip

Country

Zip

Country

24

25

29

32256

30

U.S.A

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
02/24/1993

3a. Date of Last Report
09/27/1996

4. FEI Number
59-3165812

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

BONNEAU, ED
57 WATERBRIDGE PL.
PONTE VEDRA BEACH FL 32082

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 not authorized to accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

ED BONNEAU, PRESIDENT

7-23-97

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
NAME BONNEAU, ED
STREET ADDRESS 57 WATERBRIDGE PL
CITY-ST-ZIP PONTE VEDRA FL ☐ DELETE

1.1 TITLE TD
1.2 NAME BOB WARD
1.3 STREET ADDRESS 6177 BELLE RIVE COURT
1.4 CITY-ST-ZIP JACKSONVILLE, FLA. 32256 ☐ Change ☒ Addition

TITLE TD
NAME GOODMAN, RIC
STREET ADDRESS 2201 RIVER BLVD
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

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

TITLE SD
NAME FORD, LES
STREET ADDRESS 1830 SAN MARCO PL
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

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

TITLE VD
NAME TAYLOR, MELANIE
STREET ADDRESS 1829 POWELL PL
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

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

TITLE D
NAME HESTER, SHERMAN
STREET ADDRESS 580 W. 8TH ST.
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

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

TITLE D
NAME NEIMANN, DICK
STREET ADDRESS 2257 RIVERSIDE AVE
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

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

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

ED BONNEAU, PRESIDENT

7-23-97

9-27-96

CR2E037 (9/96)