FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001255 (9)

1. Corporation Name
THE NSFRE FIRST COAST CHAPTER, INC.

Principal Place of Business	Mailing Address
~~P O BOX 37284~~ 9561 BAYMEADOWS RD ~~P O BOX 37284~~	
~~JACKSONVILLE FL 32236 STE. 16~~ JAX, FL 32256	JACKSONVILLE FL 32203 SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1993
3a. Date of Last Report: 07/25/1994
4. FEI Number: 59-2759167 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
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
BARTON, DONALD 1800 BARRS STREET JACKSONVILLE FL 32203	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	1.1 TITLE	D	☑ Change ☐ Addition
NAME	~~TAYLOR, SUZANNE~~	1.2 NAME	ROGER HULLAY PRESIDENT	
STREET ADDRESS	~~1701 PRUDENTIAL DR~~	1.3 STREET ADDRESS	5819 SECLUDED OAKS LANE	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	VD	2.1 TITLE	D	☑ Change ☐ Addition
NAME	~~AUGUSTINE JR., JOSEPH W.~~	2.2 NAME	CAROL BRUNER VICE PRESIDENT	
STREET ADDRESS	~~2027 SAN DIEGO ROAD~~	2.3 STREET ADDRESS	1820 BARRS STREET	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204	
TITLE ~~TD~~	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	HUMMER, MICHAEL	3.2 NAME		
STREET ADDRESS	2800 UNIVERSITY BOULEVARD, NORTH	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE	D	☑ Change ☐ Addition
NAME	~~BROGDON, JAN~~	4.2 NAME	JEAN MIDDLETON SECRETARY	
STREET ADDRESS	~~11 NORTH THIRD STREET~~	4.3 STREET ADDRESS	3100 DOCTORS LAKE DRIVE	
CITY-ST-ZIP	~~FERNANDINA BEACH FL~~	4.4 CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: Michael J. Hummer 2/24/95 (904) 731-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000400B