FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N93000001255 (9)

1. Corporation Name

THE NSFRE FIRST COAST CHAPTER, INC.

Principal Place of Business	Mailing Address
9551 BAYMEADOWS RD SUITE 16 JACKSONVILLE FL 32256 US	9551 BAYMEADOWS RD SUITE 16 JACKSONVILLE FL 32256 US

3. Date Incorporated or Qualified: 03/16/1993
3a. Date of Last Report: 04/24/1995

2. Principal Place of Business	2a. Mailing Address
21 11401 Old St. Augustine Rd.	26 11401 Old St. Augustine Rd.
22 Suite, Apt. #, etc. —	27 Suite, Apt. #, etc. —
23 City & State: Jacksonville, FL	28 City & State: Jacksonville, FL
24 Zip: 32258 25 Country: USA	29 Zip: 32258 30 Country: USA

4. FEI Number: 59-2759167 ☐ 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

9. Name and Address of Current Registered Agent

BARTON, DONALD
1800 BARRS STREET
JACKSONVILLE FL 32203

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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HURRAY, RODGER 5319 SECLUDED OAKS LANE JACKSONVILLE FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D IVEY. WALTER 1800 BARRS STREET JACKSONVILLE, FL 32203	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAUMER, CAROL 1820 BARRS STREET JACKSONVILLE FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HUMMER, MICHAEL 2800 UNIVERSITY BOULEVARD, NORTH JACKSONVILLE FL	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	TD Stevens, Tammy 11401 Old St. Augustine Rd. Jacksonville, FL 32258	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIDDLETON, JEAN 3100 DOCTORS LAKE DRIVE ORANGE PARK FL	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D Hansen, Michelle 4161 Carmichael Ave. Su.#152 Jacksonville, FL 32207	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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: Walter Ivey 2-7-96 904-387-7306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WALTER W. IVEY