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NONPROFIT ~~CORPORATION~~ ANNUAL REPORT
1998

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
11401 OLD ST AUGUSTINE RD JACKSONVILLE FL 32258 US	11401 OLD ST AUGUSTINE RD JACKSONVILLE FL 32258 US

3. Date Incorporated or Qualified: 03/16/1993

4. FEI Number: 59-2759167 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 1075 Hendricks Ave	2a. Mailing Address 26 1075 Hendricks Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jax, FL	City & State 28 Jax, FL
Zip 24 32207 Country 25 USA	Zip 29 32207 Country 30 USA

Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 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			
(1)	PD Director BALL, LINDA 1071 EDGEWOOD AVE. S. JACKSONVILLE FL ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Past President ☒ Change ☐ Addition
	PP Director BAUMER, CAROL 1820 BARRS STREET JACKSONVILLE FL ☒ DELETE	(2) 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice President Director ☒ Change ☒ Addition Michelle Hanson 955 FC Rivers Ave Jax FC 32205
	T STEVENS, TAMMY 11401 OLD ST AUGUSTINE RD JACKSONVILLE FL ☒ DELETE	(3) 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Treasure ☐ Change ☒ Addition Director staceymarlow 1075 Hendricks Ave Jax, FC 32207
(4)	DS Director LEE, JENNIFER 9550 REGENCY SQ. BLVD., SUITE 104 JACKSONVILLE FL ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
(5)	DP Director COLLINS, DE ANN J. 4455 ATLANTIC BLVD. JACKSONVILLE FL ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	President ☒ Change ☐ Addition
	☐ DELETE	(6) 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	membership Director ☐ Change ☐ Addition Stevens, Tammy 11401 old st. Augustine rd

CR2E037 (10/97)

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.

SIGNATURE: Stacey Marlow Treasure 3/8/98 (904) 398-3009