2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001255

1. Entity Name

THE NSFRE FIRST COAST CHAPTER, INC.

FILED

00 OCT 25 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1075 HENDRICKS AVE JACKSONVILLE FL 32207 US	1075 HENDRICKS AVE JACKSONVILLE FL 32207 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. Box 43024	P.O. Box 43024
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville FL	City & State: JACKSONVILLE FL
Zip: 32203 Country: U.S.	Zip: 32203 Country: U.S.

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

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

6. Name and Address of Current Registered Agent

GREMADIER, COLLINS, MENDER & HOWARD
4655 SALISBURY RD
STE 300
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

000003440550--6
-10/26/00--01066--002
*****61.25 *****61.25

City FL Zip Code

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

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COLEMAN, SUSANNAH 4019 WOODCOCK DR #102 JACKSONVILLE FL 32207	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Secretary Lisa Maldonado 1071 ~~Edgewood~~ Edgewood Ave. S. Jacksonville, FL 32205	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KELLOGG, MELISSA 4030 BOULEVARD CENTER DR JACKSONVILLE FL 32207	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VPD~~ T TREASURER Kathryn E. Redinston 3627 Univ. Blvd. S., Ste B Jacksonville FL 32216	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LANIER, JANE R 1440 JEFFERSON ST N JACKSONVILLE FL 32209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD President Lanier, Jane R. 1800 Barrs St. Jacksonville, FL 32204	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEE, JENNIFER 9550 REGENCY SQ. BLVD., SUITE 104 JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD VICE-Pres/Education Jennifer Lee 9550 Regency Sq Blvd. # 104 Jacksonville FL 32225	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COLLINS, DE ANN J. 4455 ATLANTIC BLVD. JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Immediate Past Pres. Collins, DeAnn J. 4455 Atlantic Blvd Jacksonville FL 32207	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD STEVENS, TAMMY 11401 OLD ST. AUGUSTINE RD JACKSONVILLE FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VICE President/Communications Stevens, Tammy L. 8605 200 Pkwy. Jacksonville FL 32218	☑ Change ☐ Addition SP

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DeAnn Collins 9/26/2000 (904) 396-5751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #