

# 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 # N93000002883 (7)**

1. Corporation Name

**FIRST COAST COUNSELING AND EDUCATION CENTER, INC**



Principal Place of Business

Mailing Address

5045 SOUTEL DR.  
SUITE 100  
JACKSONVILLE FL 32208

POST OFFICE BOX 61474  
JACKSONVILLE FL 32236-1474

3. Date Incorporated or Qualified  
**06/21/1993**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

**59-3197262**

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

10. Name and Address of New Registered Agent

**RICHARDSON, LARRY  
7202 EVDINE DR. NORTH  
JACKSONVILLE FL 32210**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **LAWRENCE, REGINALD**  
STREET ADDRESS **1833 BLVD. 4TH FLOOR**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **TD** ☐ DELETE  
NAME **JUNE, FRANKLIN**  
STREET ADDRESS **1135 CLINETE DR. #4**  
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **PD** ☐ DELETE  
NAME **PAIGE, ROOSEVELT**  
STREET ADDRESS **2666 SHANNON**  
CITY-ST-ZIP **ORANGE PARK FL 32065**

TITLE **D** ☐ DELETE  
NAME **HICKS, RICHARD**  
STREET ADDRESS **1022 HORON ST.**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director** ☒ Change ☐ Addition  
1.2 NAME **Reginald Lawrence**  
1.3 STREET ADDRESS **P.O. Box 1961**  
1.4 CITY-ST-ZIP **Jacksonville, FL 32201** ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS **1135 Caliente Drive, #4**  
2.4 CITY-ST-ZIP **Jacksonville, FL 32211** ☐ Change ☐ Addition

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

4.1 TITLE **Director** ☒ Change ☐ Addition  
4.2 NAME **Richard Hicks**  
4.3 STREET ADDRESS **7844 Gregory Drive, #1101**  
4.4 CITY-ST-ZIP **Jacksonville, FL 32210**

5.1 TITLE **Secretary/Director** ☐ Change ☒ Addition  
5.2 NAME **Lynette Blair**  
5.3 STREET ADDRESS **1036 Glencarin Street**  
5.4 CITY-ST-ZIP **Jacksonville, FL 32208** ☐ Change ☐ Addition

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 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:

*June Franklin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/21/96 (904) 381-7490**

Date

Daytime Phone #

CR2E037 (12/95)