

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

4. FEI Number

59-3197262

Applied For
Not Applicable

2. Principal Place of Business

21 5379 Lenox Ave.

Suite, Apt. #, etc.

22 Jacksonville

City & State

23 Jacksonville FL

Zip

24 32205

Country

25 Duval

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

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. 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

**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 **P.O. BOX 1961 NA**
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **TD** ☐ DELETE

NAME **JUNE, FRANKLIN**
STREET ADDRESS **1135 CALIENTE DRIVE #4**
CITY - ST - ZIP **JACKSONVILLE FL**

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 **7844 GREGORY DRIVE #1101**
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **SD** ☐ DELETE

NAME **CLAIR, LYNETTE**
STREET ADDRESS **1036 GLENCARIB STREET**
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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: *June Franklin - June Franklin* 4/17/98 381-7492-EXT 12

CR2E037 (10/97)