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04-29-1999 90059 037 ****70.00

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002883

1. Corporation Name

FIRST COAST COUNSELING AND EDUCATION CENTER, INC

Principal Place of Business

5379 LENOX AVENUE
~~SUITE 100~~
JACKSONVILLE FL 32205
US

Mailing Address

POST OFFICE BOX 61474
JACKSONVILLE FL 32236-1474



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/21/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3197262

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **LAWRENCE, REGINALD**
STREET ADDRESS **P.O. BOX 1961 NA**
CITY-STATE-ZIP **JACKSONVILLE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE **TD** ☐ DELETE
NAME **JUNE, FRANKLIN**
STREET ADDRESS **1135 CALIENTE DRIVE #4**
CITY-STATE-ZIP **JACKSONVILLE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

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

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

TITLE **D** ☒ DELETE
NAME **HICKS, RICHARD**
STREET ADDRESS **7844 GREGORY DRIVE #1101**
CITY-STATE-ZIP **JACKSONVILLE FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Director**
4.3 STREET ADDRESS **Shelly Thompson**
4.4 CITY-STATE-ZIP **3160 West Edgewood Avenue
Jacksonville, FL 32208**

TITLE **SD** ☐ DELETE
NAME **CLAIR, LYNETTE**
STREET ADDRESS **1036 GLENARIB STREET**
CITY-STATE-ZIP **JACKSONVILLE FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I hereby certify that the information on 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, with a letter like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-99

(904) 381-7490

Date

Daytime Phone #

CR2E037 (11/98)