MAR-16-01 08:36 AM LARRY T RICHARDSON PHD 9[illegible]

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 90198 017 ****70.00

DOCUMENT # N93000002883

1. Entity Name

FIRST COAST COUNSELING AND EDUCATION CENTER, INC

Principal Place of Business	Mailing Address
5379 LENOX AVENUE ~~SUITE 100~~ JACKSONVILLE FL 32205 US	POST OFFICE BOX 61474 JACKSONVILLE FL 32236-1474

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3197262 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RICHARDSON, LARRY 7202 EVDINE DR. NORTH JACKSONVILLE FL 32210	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE

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

FILE NOW: FEE IS $61.25

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAWRENCE, REGINALD P.O. BOX 1961 NA JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JUNE, FRANKLIN 1135 CALIENTE DRIVE #4 JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PAIGE, ROOSEVELT 2866 SHANNON ORANGE PARK FL 32065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSSON, SHELLY 3160 WEST EDGEWOOD AVENUE JACKSONVILLE FL 32208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BLAIR, LYNETTE 1036 GLENCARIN STREET JACKSONVILLE FL 32208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additio

12. 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: June Franklin June Franklin Treasurer 032601 (904) 381-7490

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