

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

05-19-2004 90008 015 \*\*\*\*70.00

**DOCUMENT # N93000002883**

1. Entity Name

FIRST COAST COUNSELING AND EDUCATION CENTER,  
INC.



Principal Place of Business

5258-5 NORWOOD AVE  
JACKSONVILLE FL 32208  
US

Mailing Address

5258-5 NORWOOD AVE  
JACKSONVILLE FL 32208  
US

2. Principal Place of Business

435 Clark Road

Suite, Apt. #, etc.

306

City & State

Jacksonville, FL

Zip 32218

Country

3. Mailing Address

Suite, Apt. #, etc.

306

City & State

Jacksonville, FL

Zip 32218

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3197262

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, LARRY  
5258-5 NORWOOD AVE  
JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent

Name

Chester A Daniel

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

6716 Heidi Road

City

Jacksonville

FL

Zip Code

32277

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	NAME	LAWRENCE, REGINALD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			P.O. BOX 1961 NA	
CITY - ST - ZIP			JACKSONVILLE FL	
TITLE	D	NAME	JOHNSON, JOYCE	<input type="checkbox"/> Delete
STREET ADDRESS			8063 MOORE AVE	
CITY - ST - ZIP			JACKSONVILLE FL 32208	
TITLE	PD	NAME	PAIGE, ROOSEVELT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			2666 SHANNON	
CITY - ST - ZIP			ORANGE PARK FL 32065	
TITLE	D	NAME	HOLMAN, SAMUEL	<input type="checkbox"/> Delete
STREET ADDRESS			7389 FERNANDINA AVE	
CITY - ST - ZIP			JACKSONVILLE FL 32208	
TITLE	D	NAME	FRANKLIN, JUNANITA	<input type="checkbox"/> Delete
STREET ADDRESS			P.O. BOX 66116	
CITY - ST - ZIP			JACKSONVILLE FL 32208	
TITLE	D	NAME	HUNTER, ROBERT E	<input type="checkbox"/> Delete
STREET ADDRESS			1645 UNIVERSITY BLVD W APT B	
CITY - ST - ZIP			JACKSONVILLE FL 32217	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	NAME	Chester Daniel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			6716 Heidi Road	
CITY - ST - ZIP			Jacksonville, FL 32277	
TITLE	D	NAME	Mari Harvey	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			360 Tidewater Dr.	
CITY - ST - ZIP			Jacksonville, FL 32211	
TITLE	D	NAME	Natalie Baham	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			375 Cherokee Villa Land	
CITY - ST - ZIP			Jacksonville FL 32277	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY - ST - ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY - ST - ZIP				

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/04

Date

9043663472

Daytime Phone #