FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 12:25

DOCUMENT # N93000004268 (9)

1. Corporation Name
FIRST COAST WOMEN IN INTERNATIONAL TRADE, INC.

Principal Place of Business	Mailing Address
9802 BAYMEADOWS RD SUITE 12 JACKSONVILLE FL 32256	9802 BAYMEADOWS RD SUITE 12 JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1993
3a. Date of Last Report: 06/29/1994
4. FEI Number: 59-3204508 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CASELTINE, HELENE
9802 BAYMEADOWS RD
SUITE 12
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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	P	1.1 TITLE	P	☑ Change ☐ Addition
NAME	OLSON, NANCY	1.2 NAME	Kelsea Wilber	
STREET ADDRESS	128 FORSYTH ST.	1.3 STREET ADDRESS	4981 Atlantic Blvd #4	
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	V	2.1 TITLE	V	☑ Change ☐ Addition
NAME	WILBER, KELSEA	2.2 NAME	Helene Caseltine	
STREET ADDRESS	4981 ATLANTIC BLVD. #4	2.3 STREET ADDRESS	3 Independent Dr.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	2.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	SD	3.1 TITLE	SD	☑ Change ☐ Addition
NAME	GEBHART, MARY	3.2 NAME	Gail Pender	
STREET ADDRESS	8505 BAYCENTER RD.	3.3 STREET ADDRESS	9620 Dave Rawls Blvd	
CITY-ST-ZIP	JACKSONVILLE FL 32256	3.4 CITY-ST-ZIP	Jacksonville, FL 32226	
TITLE	T	4.1 TITLE	T	☑ Change ☐ Addition
NAME	CASELTINE, HELENE	4.2 NAME	Elizabeth Levy	
STREET ADDRESS	3 INDEPENDENT DR.	4.3 STREET ADDRESS	9848 Paddlewheel Court	
CITY-ST-ZIP	JACKSONVILLE FL 32202	4.4 CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	D	5.1 TITLE	D	☑ Change ☐ Addition
NAME	LEVY, ELIZABETH	5.2 NAME	Karen McFadyen	
STREET ADDRESS	3355 CLAIRE LANE #111	5.3 STREET ADDRESS	4077 Woodcock Dr #104	
CITY-ST-ZIP	JACKSONVILLE FL 32223	5.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	D	6.1 TITLE	D	☑ Change ☐ Addition
NAME	HARTLEY, SANDRA	6.2 NAME	Barbara Morgan	
STREET ADDRESS	2831 TALLEYRAND AVE.	6.3 STREET ADDRESS	262 Wesley Rd	
CITY-ST-ZIP	JACKSONVILLE FL 32206-3496	6.4 CITY-ST-ZIP	Green Cove Springs, FL 32043	

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: Helene Caseltine Helene Caseltine 3/1/95 904/366-6682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #