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

APPROVED AND FILED
95 MAY -1 PM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004419 (8)

1. Corporation Name
FIRSTCOAST UNITED AGAINST DISCRIMINATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 3795 JACKSONVILLE FL 32206	P.O. BOX 3795 JACKSONVILLE FL 32206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3198336 ☐ 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 — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

9. Name and Address of Current Registered Agent

PRICE, ELZIE F
4321 - 101 PLAZA GATE LN
JAKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 8300 S. Plaza Gate Lane #1054
83:
84 City: Jacksonville FL 85 Zip Code: 32217

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CC	1.1 TITLE	TD ☐ Change ☒ Addition
NAME	MCGUIRE, ANIELLE M	1.2 NAME	Minette, Thomas B.
STREET ADDRESS	2951 LYDIA ST #4	1.3 STREET ADDRESS	1206 N. Laura St.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32206
TITLE	CC	2.1 TITLE	PDC ☒ Change ☐ Addition
NAME	PRICE, ELZIE F	2.2 NAME	Price, Elzie F
STREET ADDRESS	4321-101 PLAZA GATE LANE	2.3 STREET ADDRESS	8300 S. Plaza Gate Lane #1054
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32217
TITLE	SD	3.1 TITLE	PDC ☒ Change ☐ Addition
NAME	DEMARRE, KIMBERLEY M	3.2 NAME	Demarre, Kimberley M
STREET ADDRESS	2843 LORIMIER TERRACE	3.3 STREET ADDRESS	6444 Colgate Ave.
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32217
TITLE	SD	4.1 TITLE	SD ☐ Change ☒ Addition
NAME	WAMBEKE, ALYN	4.2 NAME	Cheryl Taylor
STREET ADDRESS	PO BOX 2008 N/A	4.3 STREET ADDRESS	10040 Dovetail Court S.
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32257
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	GIVSON, JOHN	5.2 NAME	
STREET ADDRESS	4321-101 PLAZA GATE LN	5.3 STREET ADDRESS	Delete
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	HERSHMAN, MARIANNE V	6.2 NAME	
STREET ADDRESS	3870 MISSION DR #2	6.3 STREET ADDRESS	Delete
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

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)(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: Thomas B. Minette Thomas B. Minette 4/25/95 (904) 361-1885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024000