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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000001671 (6)

1. Corporation Name

FIRST COAST ROMANCE WRITERS, INC.



Principal Place of Business

Mailing Address

21 DONDANVILLE RD
#40
ST AUGUSTINE FL 32084

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#40
ST AUGUSTINE FL 32084

3. Date Incorporated or Qualified
04/01/1994

3a. Date of Last Report
07/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, MARGUERITE E
21 DONDANVILLE RD
#40
ST AUGUSTINE FL 32084

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 DP
NAME WORLEY, PAT
STREET ADDRESS 190 ST. CLAIR DR
CITY-ST-ZIP ST. SIMONS ISLAND GA 31522

1.1 TITLE DP
1.2 NAME Sandra Shannon
1.3 STREET ADDRESS 383 Fish Hall Road
1.4 CITY-ST-ZIP Brunswick, GA 31525

TITLE DV
NAME KOZLOWSKI, KIM
STREET ADDRESS 4853 DEERMOSS WAY SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32217

2.1 TITLE DV
2.2 NAME Joan Binkley
2.3 STREET ADDRESS 1833 Buccaneer Circle E.
2.4 CITY-ST-ZIP Jacksonville, FL 32225

TITLE DT
NAME SHANNON, SANDRA
STREET ADDRESS 383 FISH HALL ROAD
CITY-ST-ZIP BRUNSWICK GA 31525

3.1 TITLE DT
3.2 NAME STARK, Julia
3.3 STREET ADDRESS 819 Pointe Vista Rd. N.
3.4 CITY-ST-ZIP Jacksonville, FL 32207

TITLE M
NAME GARRETT, GENE
STREET ADDRESS P.O. DRAWER 1680 N/A
CITY-ST-ZIP FERNANDIAN BEACH FL 32035

4.1 TITLE M
4.2 NAME Gordon, Linda
4.3 STREET ADDRESS 6300 AIA S. A5-3-D
4.4 CITY-ST-ZIP St. Augustine, FL 32084

TITLE S
NAME WEIDIG, RUTH
STREET ADDRESS P.O. BOX 350772 N/A
CITY-ST-ZIP PALM COAST FL 32135

5.1 TITLE S
5.2 NAME Boyle, Nancy
5.3 STREET ADDRESS 4537 Windergate Dr.
5.4 CITY-ST-ZIP Jacksonville, FL 32257

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(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:

(Julia Stark)

4/20/96

904-363-7172

CR2E037 (12/95)