

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90173 019 ****61.25

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DOCUMENT # N94000001671

1. Entity Name

FIRST COAST ROMANCE WRITERS, INC.



Principal Place of Business

**4820 JOSEPH STREET
HASTINGS FL 32145**

Mailing Address

**4820 JOSEPH STREET
HASTINGS FL 32145**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3225490**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, MARGUERITE E
4820 JOSEPH STREET
HASTINGS FL 32145**

7. Name and Address of New Registered Agent

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. 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
After September 10, 2003, min will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Delete
NAME **AMY, STROKES**
STREET ADDRESS **4892 SW 87 COURT**
CITY-ST-ZIP **OCALA FL 34481**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **DV** ☒ Delete
NAME **STOKES, AMY**
STREET ADDRESS **4892 S.W. 87TH COURT**
CITY-ST-ZIP **OCALA FL 34481**

TITLE ☐ Change ☒ Addition
NAME **PAMELA CROSS**
STREET ADDRESS **1103 ARRICOLA AVE**
CITY-ST-ZIP **ST. AUGUSTINE, FL. 32080**

TITLE **DS** ☒ Delete
NAME **FAUST, JOANN**
STREET ADDRESS **4557 MERRIMAC AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Change ☒ Addition
NAME **SHANNON JULIAO**
STREET ADDRESS **2976-A FIRST AVE**
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE **DT** ☐ Delete
NAME **HOELTZEL, DONNA**
STREET ADDRESS **1477 CEDAR GROVE TERRACE**
CITY-ST-ZIP **FLEMING ISLAND FL 32003**

TITLE ☒ Change ☐ Addition
NAME **OWENS, DONNA**
STREET ADDRESS **1754 WINDSONG CIRCLE**
CITY-ST-ZIP **FLAGLER BEACH, FL 32136**

TITLE **DM** ☒ Delete
NAME **GILBERT, JUDITH**
STREET ADDRESS **19622 S.W. 88TH LOOP**
CITY-ST-ZIP **DUNNELLON FL 34432**

TITLE ☐ Change ☒ Addition
NAME **CHERI BRODEUR**
STREET ADDRESS **4818 NW 37TH WAY**
CITY-ST-ZIP **GAINESVILLE, FL. 32605**

TITLE **DV** ☐ Delete
NAME **KATHYLEEN, MCMAHON**
STREET ADDRESS **14654 MERRIMAC AVE**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☒ Change ☐ Addition
NAME **KATHLEEN MCMAHON**
STREET ADDRESS **14654 MERRIMAC AVE**
CITY-ST-ZIP **ORLANDO, FL 32837**

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

Date

Daytime Phone #

CR2E037 (4/03)