

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000004903 (0)

1. Corporation Name

**FIRST COAST CONSTRUCTION EDUCATION FOUNDATION, I
NC.**



Principal Place of Business

Mailing Address

**5944 RICHARD ST
JACKSONVILLE FL 32216**

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JACKSONVILLE FL 32216**

3. Date Incorporated or Qualified

10/05/1994

3a. Date of Last Report

08/10/1995

4. FEI Number

59-3270799

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**

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCARTHY, JAMES
5944 RICHARD ST
JACKSONVILLE FL 32216**

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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, LARRY	
STREET ADDRESS	SUMMIT CONTRACTORS 10475 FORTUNE PKY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FLECKENSTEIN, BOB	
STREET ADDRESS	SUMMIT CONTRACTORS 10475 FORTUNE PKWY 201	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, STEVE	
STREET ADDRESS	HOLMES LUMBER CO 5930 ORLANDO ST	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEHNACHT, CONRAD	
STREET ADDRESS	3320 O'CONNOR RD CONRAD WEHNACHT CONSULT	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BIVINS, SUSAN	
STREET ADDRESS	TOMBOY CONSTRUCTION 1004 S 2ND ST	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPENCER, DAVID	
STREET ADDRESS	4856 VICTOR ST. S. DAVID & CO.	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Patton, John	
1.3 STREET ADDRESS	111 Riverside Drive	
1.4 CITY-ST-ZIP	Jacksonville, FL 32202	
2.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lake, Tom	
2.3 STREET ADDRESS	700 Palmetto Street	
2.4 CITY-ST-ZIP	Jacksonville, FL 32202	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Meyers, David	
3.3 STREET ADDRESS	5772 Timuquana Road	
3.4 CITY-ST-ZIP	Jacksonville, FL 32210	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Campbell, John	
4.3 STREET ADDRESS	6601 Southpoint Dr. N.#300	
4.4 CITY-ST-ZIP	Jacksonville, FL 32216	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Davis, Jim	
5.3 STREET ADDRESS	11326 Distribution Ave. W.	
5.4 CITY-ST-ZIP	Jacksonville, FL 32256	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Spencer, David	
6.3 STREET ADDRESS	4856 Victor Street	
6.4 CITY-ST-ZIP	Jacksonville, FL 32207	

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:

John Patton 4/26/96 (904) 791-4500
DATE DAY/MON/PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)