

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N95000002249 (9)
 1. Corporation Name
THE FIRST COAST ROSE SOCIETY, INC.



Principal Place of Business 57 FELSHIRE LN PALM COAST FL 32137	Mailing Address 57 FELSHIRE LN PALM COAST FL 32137
--	--

3. Date Incorporated or Qualified
05/05/1995

4. FEI Number
59-3126599

Applied For Not Applicable

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

6. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**EDWARDS, DAVID E
57 FELSHIRE LN.
PALM COAST FL 32137**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, DAVID E	1.2 NAME	
STREET ADDRESS	57 FELSHIRE LN.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, ELIZABETH	2.2 NAME	
STREET ADDRESS	6 NANTUCKET DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANFIELD, MARY ANN	3.2 NAME	
STREET ADDRESS	5 CLAYMONT CT.	3.3 STREET ADDRESS	Secretary Beverly Fialkowski
CITY-ST-ZIP	PALM COAST FL 32137	3.4 CITY-ST-ZIP	15 Penn Manor Ln Palm Coast, FL 32164
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSKI, HENRY M	4.2 NAME	
STREET ADDRESS	2 WHITTINGTON DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32164	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, DONALD L	5.2 NAME	
STREET ADDRESS	8 EISENHOWER PL.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32164	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, DAVID E	1.2 NAME	
STREET ADDRESS	57 FELSHIRE LN.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, ELIZABETH	2.2 NAME	
STREET ADDRESS	6 NANTUCKET DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANFIELD, MARY ANN	3.2 NAME	
STREET ADDRESS	5 CLAYMONT CT.	3.3 STREET ADDRESS	Secretary Beverly Fialkowski
CITY-ST-ZIP	PALM COAST FL 32137	3.4 CITY-ST-ZIP	15 Penn Manor Ln Palm Coast, FL 32164
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSKI, HENRY M	4.2 NAME	
STREET ADDRESS	2 WHITTINGTON DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32164	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, DONALD L	5.2 NAME	
STREET ADDRESS	8 EISENHOWER PL.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32164	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: Henry M. Suski **HENRY M. Suski, Treasurer Mar. 25 1998 904-446-4344**

CR2E037 (10/97)