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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999____

DOCUMENT # N9500002249

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

FILED Mar 08, 1999 8:00 am § Secretary of State

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. ·	lace of Business	\vdash	Mailing Address				05/05/1995	-			
Suite, Apt.	# etc	26	Suite, Apt. #, etc.				4. FEI Number			App	lied For
2	m, 510.	27	22.00,7 (\$1.00)				59-3126599		<u> </u>		Applicable
City & State	e	28	City & State			1001	5. Certifcate of Status Desired				ditional
Zip	Country	201	Zip	Cou	intry		6. Election Campaign Financing		\$5	.00 N	lay Be
4	25	29		30			Trust Fund Contribution		Ad	ded to	Fees
	9. Name and Address of Current I	Regis	tered Agent				10. Name and Address of New	Registered /	Agent		
					81	Name					
EDWARDS	S. DAVID F				82	Street Addre	ss (P.O. Box Number is Not Accept	table)			
57 FELSH					VALUE AND THE PROPERTY OF THE						
	AST FL 32137				83						
					84	City			85	Zip Co	ode
	to the provisions of Sections 617.0502							FL		•	
office or re agent. I as SIGNATURE	to the provisions of Sections of 1,002 registered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent a	ons of,	, Section 617.0503, Flor	rida Stati	utes.	ne corporation		DATE	ntment	as regi	
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OF	FFICERS AN	D DIRE	CTOF	S IN 12
TITLE	CD		☐ DELETE	1,1 TI	TLE				Ch	ange	Additio
NAME	EDWARDS, DAVID E			1.2 N/	AME	l					
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C/TY-ST-ZIP	PALM COAST FL 32137			1.4 CI	TY-ST-	ZIP					
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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, with all other like empowered.

SIGNATURE: NEWYSMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TO USE TO THE DESCRIPTION OF SIGNING OFFICER OR DIRECTOR TO THE DESCRIPTION OF THE PROPERTY OF THE PROPERTY

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