

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90040 042 ****61.25

DOCUMENT # N95000002659

1. Corporation Name

**FIRST AMERICAN CULTURE & EDUCATION PRESERVATION
ASSOCIATION, INC.**

Principal Place of Business

FIRST AMERICAN CULTURAL CENTER
HWY 301 NORTH
STARKE FL 32091
US

Mailing Address

RT 5 BOX 7584
STARKE FL 32091
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Incorporated or Qualified

06/08/1995

4. FEI Number

59-3327210

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

9. Name and Address of Current Registered Agent

**KNIGHT, RICHARD A DR.
547 SE 58TH ST
KEYSTONE HEIGHTS FL 32656**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **D**

NAME **FELTNER, CHRIS**

STREET ADDRESS **547 SE 58TH STREET**

CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32565**

TITLE **Secretary/Vol. Coordinator** ☐ DELETE

NAME **HOLOKA, DONNA**

STREET ADDRESS **1341 WOODRUFF AVENUE**

CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **VST** ☒ DELETE

NAME **COOPER, CATHERINE C**

STREET ADDRESS **9775 S.W. 52ND RD.**

CITY-ST-ZIP **GAINESVILLE FL**

TITLE **P** ☒ DELETE

NAME **DAVIS MARGARET**

STREET ADDRESS **7978 HAMMOND BLVD**

CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☒ DELETE

NAME **SOWELL, GREG**

STREET ADDRESS **5402 WATERSIDE DR**

CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **President** ☐ DELETE

NAME **MCCLUTHEN, THE REV. WILLI**

STREET ADDRESS **1109 SW 96TH STREET**

CITY-ST-ZIP **GAINESVILLE FL 32607**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Vice President** ☐ Change ☒ Addition

1.2 NAME **Wayne Johnson**

1.3 STREET ADDRESS **9500 U.S. Hwy 301 South #5**

1.4 CITY-ST-ZIP **Jacksonville FL 32324**

2.1 TITLE **Ronald Raulerson** ☐ Change ☒ Addition

2.2 NAME **17070 Ethel Road**

2.3 STREET ADDRESS **Jacksonville FL 32218**

2.4 CITY-ST-ZIP **32218**

3.1 TITLE **Florida Grant** ☐ Change ☒ Addition

3.2 NAME **4915 County Rd 214**

3.3 STREET ADDRESS **Keystone Heights, FL 32656**

3.4 CITY-ST-ZIP **32656**

4.1 TITLE **David G. Gilbert** ☐ Change ☒ Addition

4.2 NAME **1637 North Water Street**

4.3 STREET ADDRESS **Starke, FL 32091**

4.4 CITY-ST-ZIP **32091**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E037 (11/98)