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May 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000004268 (6)

1. Corporation Name

FIRST COAST PROVIDERS NETWORK, INC.



Principal Place of Business

Mailing Address

10805 OLD GAINESVILLE ROAD
JACKSONVILLE FL 32221

10805 OLD GAINESVILLE ROAD
JACKSONVILLE FL 32221-1909

3. Date Incorporated or Qualified
08/13/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

25

10805 Old Gainesville Rd

4. FEI Number

59-3370881

Applied For

Not Applicable

Suite, Apt #, etc.

Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

Jax, Fla

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

32221

Dural

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, ANGIE
10805 OLD GAINESVILLE ROAD
JACKSONVILLE FL 32221

81 Name

Angela M. Johnson

82 Street Address (P.O. Box Number is Not Acceptable)

10817 Old Gainesville Rd

83

84 City

Jax

FL

85 Zip Code

32221

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 *Angie Johnson*

4-15-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~Treasurer~~ ☒ DELETE

NAME ~~Angie Johnson~~

STREET ADDRESS Karen Weldon

CITY-ST-ZIP 1820 University Blvd N

Jax, Fla 32221 ☐ DELETE

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

Treasurer ☒ DELETED

1.2 NAME

Vicki J. Framilli

1.3 STREET ADDRESS

4921 Seaboard Ave

1.4 CITY-ST-ZIP

Jacksonville, Fla. 32210

2.1 TITLE

President

2.2 NAME

Angie Johnson

2.3 STREET ADDRESS

10817 Old Gainesville Rd

2.4 CITY-ST-ZIP

Jax, Fla 32221

3.1 TITLE

V-Pres

3.2 NAME

Tom Moore

3.3 STREET ADDRESS

1545 Landon Ave

3.4 CITY-ST-ZIP

Jax, Fla 32207

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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: *Angie Johnson*

4-15-97

904-786-0385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0005931

02E037 (9/96)