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**Secretary of State**

03-01-1999 90142 040 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N96000004268**

1. Corporation Name

**FIRST COAST PROVIDERS NETWORK, INC.**

Principal Place of Business

Mailing Address

10805 OLD GAINESVILLE ROAD  
JACKSONVILLE FL 32221

1080 OLD GAINESVILLE RD  
JACKSONVILLE FL 32221  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/13/1996

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3370881

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

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

JOHNSON, ANGELA M  
10817 OLD GAINESVILLE RD.  
JACKSONVILLE FL 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

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 TSD ☐ DELETE

NAME FRAMLI, VICKI J  
STREET ADDRESS 4921 SEABOARD AVE  
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE TSD ☒ Change ☐ Addition

1.2 NAME Framli, Vicki J.  
1.3 STREET ADDRESS 4921 Seaboard Ave  
1.4 CITY-ST-ZIP Jacksonville, FL 32210

TITLE PD ☐ DELETE

NAME JOHNSON, ANGIE  
STREET ADDRESS 10817 OLD GAINESVILLE RD  
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE

NAME MOORE, TOM  
STREET ADDRESS 1545 LONDON AVE.  
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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:

*Vicki Framli*

**SIGNATURE REQUIRED**

*Framli*

*2-2-99*

*1-904-772-6550*