

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000382 (8)**

1. Corporation Name

FIRST COAST WORKFORCE DEVELOPMENT BOARD, INC.



Principal Place of Business 9143 PHILLIPS HIGHWAY, SUITE 350 JACKSONVILLE FL 32256	Mailing Address 9143 PHILLIPS HIGHWAY, SUITE 350 JACKSONVILLE FL 32256
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3. Date Incorporated or Qualified
01/24/1997

4. FEI Number ☐ Applied For
☒ Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. 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 GRAFEL, LYNN H 9143 PHILLIPS HIGHWAY, SUITE 350 JACKSONVILLE FL 32256	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C	<input checked="" type="checkbox"/> DELETE	1.1 TITLE CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JONES, THOMAS P JR.		1.2 NAME Cherry, Nancy	
STREET ADDRESS 9143 PHILLIPS HIGHWAY, SUITE 350		1.3 STREET ADDRESS Post Office Drawer 3447	N/A
CITY-ST-ZIP JACKSONVILLE FL 32256		1.4 CITY-ST-ZIP St. Augustine, FL 32084	
TITLE VC	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MATHIS, JOEL		2.2 NAME Owens/Meyers, Linda D.	
STREET ADDRESS 9143 PHILLIPS HIGHWAY, SUITE 350		2.3 STREET ADDRESS 620-C Highway 19 South	
CITY-ST-ZIP JACKSONVILLE FL 32256		2.4 CITY-ST-ZIP Palatka, FL 32177	
TITLE ST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OWENS, LINDA D		3.2 NAME McGinnis, Fred G.	
STREET ADDRESS 9143 PHILLIPS HIGHWAY, SUITE 350		3.3 STREET ADDRESS 200 W. Forsyth Street, Suite 800	
CITY-ST-ZIP JACKSONVILLE FL 32256		3.4 CITY-ST-ZIP Jacksonville, FL 32202	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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: _____ **1.16.98**

CR2E037 (10/97)