

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002875 (9)**

1. Corporation Name

**FIRST COAST MICRO LOAN PROGRAM, INC.**



Principal Place of Business	Mailing Address
<b>5923 NORWOOD AVENUE BUSINESS SERVICES CENTER JACKSONVILLE FL 32208</b>	<b>5923 NORWOOD AVENUE BUSINESS SERVICES CENTER JACKSONVILLE FL 32208</b>

3. Date Incorporated or Qualified <b>05/20/1997</b>	
4. FEI Number <b>59-3447122</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> <b>Lynette Beitz</b>
<b>22</b> City & State	<b>27</b> <b>3 Independent Drive</b>
<b>23</b> Zip	<b>28</b> <b>Jacksonville FL</b>
<b>24</b> Country	<b>29</b> <b>32202</b>
<b>25</b> Country	<b>30</b> <b>Duval</b>

9. Name and Address of Current Registered Agent  <b>AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>
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10. Name and Address of New Registered Agent	
81 Name	<b>Bob Baldwin</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>Jacksonville Chamber of Commerce</b>
83	<b>3 Independent Drive</b>
84 City	<b>Jacksonville FL</b>
85 Zip Code	<b>32202</b>

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 **Bob Baldwin, Director/Secretary** 3/11/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD BALANKY, MICHAEL F</b>
STREET ADDRESS	<b>5923 NORWOOD AVENUE</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32208</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VD WASHINGTON, GLENDA F</b>
STREET ADDRESS	<b>5923 NORWOOD AVENUE</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32208</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SD BALDWIN, BOB</b>
STREET ADDRESS	<b>5923 NORWOOD AVENUE</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32208</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>TD BEITZ, LYNETTE</b>
STREET ADDRESS	<b>5923 NORWOOD AVENUE</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32208</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PD Balanky, Michael F.</b>
1.3 STREET ADDRESS	<b>5865 University Blvd. W.</b>
1.4 CITY-ST-ZIP	<b>Jacksonville, FL 32216</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VD Washington, Glenda F</b>
2.3 STREET ADDRESS	<b>5592 Norwood Ave</b>
2.4 CITY-ST-ZIP	<b>Jacksonville, FL 32208</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SD Baldwin, Bob</b>
3.3 STREET ADDRESS	<b>3 Independent Drive</b>
3.4 CITY-ST-ZIP	<b>Jacksonville, FL 32202</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>TD Beitz, Lynette</b>
4.3 STREET ADDRESS	<b>3 Independent Drive</b>
4.4 CITY-ST-ZIP	<b>Jacksonville, FL 32202</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>VD Donaldson, Janice</b>
5.3 STREET ADDRESS	<b>University of North Florida-SBDC</b>
5.4 CITY-ST-ZIP	<b>4567 St. Johns Bluff Rd., S.</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Jacksonville, FL 32224</b>
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.

SIGNATURE: **Michael F. Balanky**

CR2E037 (10/97)