

FILE NOW: FILING FEE IS \$61.25

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Apr 20 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 # **N97000003473 (2)**

1. Corporation Name

FAMILY SERVICES COALITION, INC.



Principal Place of Business 4565 SHIRLEY AVE. JACKSONVILLE FL 32210	Mailing Address 4565 SHIRLEY AVE. JACKSONVILLE FL 32210
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3. Date Incorporated or Qualified

06/09/1997

4. FEI Number

59-3450906

Applied For

Not Applicable

2. Principal Place of Business 21 2580 Atlantic Blvd.	2a. Mailing Address 26 P.O. Box 47605
Suite, Apt. #, etc. 22 Suite 100	Suite, Apt. #, etc. 27
City & State 23 Jacksonville	City & State 28 Jacksonville
Zip 24 32207	Country 25 USA
Country 26	Zip 29 32247-7605
Country 30	Country 31 USA

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

10. Name and Address of New Registered Agent

**LAINO, ANDREW E
4565 SHIRLEY AVE.
JACKSONVILLE FL 32210**

81 Name Andrew E. Laino
82 Street Address (P.O. Box Number is Not Acceptable) 2580 Atlantic Blvd.
83 Suite 100
84 City Jacksonville
85 Zip Code FL 32207

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 *Andrew E. Laino*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/23/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERENQUER, DOUGLAS 4565 SHIRLEY AVE. JACKSONVILLE FL 32210	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLE, JIM 2300 BARTRAM RD. JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ROBERT G JR. 2354 UNIVERSITY BLVD., N. JACKSONVILLE FL 32211	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Zichi, Joseph 2354 University Blvd N. Jacksonville, FL 32201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Price, Alfred 4565 Shirley Ave Jacksonville, FL 32210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Harrison, Randy 2300 Bartram Road Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert G. Brown **3/23/98** **904 743 3611**
Date Daytime Phone #

CR2E037 (10/97)