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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 15, 1999 8:00 am  
Secretary of State

05-15-1999 90019 048 \*\*\*\*70.00

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1. Corporation Name

FAMILY SERVICES COALITION, INC.

Principal Place of Business

2580 ATLANTIC BLVD  
STE 100  
JACKSONVILLE FL 32207  
US

Mailing Address

P.O. BOX 47605  
JACKSONVILLE FL 32247-7605  
US



2. Principal Place of Business

21 8000 Arlington Expressway

Suite, Apt. #, etc.

22 113

City & State

23 Jacksonville, Florida

Zip

24 32211

Country

25 U.S.A.

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

06/09/1997

4. FEI Number

59-3450906

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

LAINO, ANDREW E  
2580 ATLANTIC BLVD  
STE 100  
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

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

83 8000 Arlington Expressway  
Suite 113

84 City

Jacksonville

FL

85 Zip Code

32211

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

TITLE D  
NAME BERENGUER, DOUGLAS  
STREET ADDRESS 4565 SHIRLEY AVE.  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D  
NAME ZICHI, JOSEPH  
STREET ADDRESS 2354 UNIVERSITY BLVD N  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE D  
NAME BROWN, ROBERT G JR.  
STREET ADDRESS 2354 UNIVERSITY BLVD., N.  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE D  
NAME PRICE, ALFRED  
STREET ADDRESS 4565 SHIRLEY AVE  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D  
NAME HARRISON, RANDY  
STREET ADDRESS 2300 BARTRAM ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME BASS, GORDON JR.  
1.3 STREET ADDRESS 501 E. BAY ST.  
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32202

2.1 TITLE  
2.2 NAME LEWIS, M. RICHARD JR.  
2.3 STREET ADDRESS 225 WATER ST. #1800  
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32202

3.1 TITLE  
3.2 NAME ROBERTS, JOHN T.  
3.3 STREET ADDRESS P.O. BOX 1257  
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32201

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 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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-99

Date

904-727-7557

Daytime Phone #

CR2E037 (11/98)