
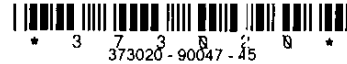


**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90007 019 \*\*\*\*61.25

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|---|--|---|---|---|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>   |  |  |   | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |  |
| <b>DOCUMENT # N97000007129</b>  |  |   |   |   |  |
| <b>1. Corporation Name</b><br><b>FIRST COAST ACHIEVEMENT FOUNDATION, INC.</b>                   |  |   |   |   |  |
| <b>Principal Place of Business</b><br><b>78 FOX VALLEY DRIVE</b><br><b>ORANGE PARK FL 32073</b> |  |   | <b>Mailing Address</b><br><b>78 FOX VALLEY DRIVE</b><br><b>ORANGE PARK FL 32073</b> |   |  |



|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>2. Principal Place of Business</b><br><b>21 3951 S. BRAMPTON ISL. CT.</b>  |  | <b>22. Mailing Address</b><br><b>26 3951 S. BRAMPTON ISLAND CT</b> |  | <b>3. Date Incorporated or Qualified</b><br><b>01/01/1998</b>   |  |
| <b>22</b> Suite, Apt. #, etc.   |  | <b>27</b> Suite, Apt. #, etc.                                      |  | <b>4. FEI Number</b>  |  |
| <b>23</b> City & State<br><b>JACKSONVILLE, FL</b>   |  | <b>28</b> City & State<br><b>JACKSONVILLE, FL</b>                  |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                    |  |
| <b>24</b> Zip<br><b>32224</b>   |  | <b>25</b> Country<br><b>USA</b>                                    |  | <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| <b>9. Name and Address of Current Registered Agent</b><br><b>OLIVER, RAYMOND L</b><br><b>13605 BROMLY POINT DRIVE</b><br><b>JACKSONVILLE FL 32225</b>   |  |  |  | <b>10. Name and Address of New Registered Agent</b>   |  |
|   |  |  |  | <b>81 Name</b> <b>OLIVER, RAYMOND L.</b>  |  |
|   |  |  |  | <b>82 Street Address (P.O. Box Number is Not Acceptable)</b><br><b>3951 S. BRAMPTON ISLAND CT.</b>                        |  |
|   |  |  |  | <b>83</b>   |  |
|   |  |  |  | <b>84 City</b> <b>JACKSONVILLE</b> <b>FL</b> <b>85 Zip Code</b> <b>32224</b>  |  |
| <b>11. Pursuant to the provisions of Sections 617.0502 and 617.0503, 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.</b> |  |  |  |   |  |
| <b>SIGNATURE</b> <i>Raymond L. Oliver</i>   |  |  |  | <b>DATE</b> <b>3/24/99</b>  |  |

(NOTE: Registered Agent signature required when reinstating)

|   |  |   |  |
|---|--|---|--|
| <b>12. OFFICERS AND DIRECTORS</b>   |  | <b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:</b> |  |
| <b>TITLE</b> <b>PD</b> <input type="checkbox"/> DELETE<br><b>NAME</b> <b>OLIVER, RAYMOND L.</b><br><b>STREET ADDRESS</b> <b>3951 BRAMPTON ISLAND CT. S.</b><br><b>CITY-ST-ZIP</b> <b>JACKSONVILLE, FL 32224</b> | <b>1.1 TITLE</b> <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>1.2 NAME</b> <b>OLIVER, RAYMOND L.</b><br><b>1.3 STREET ADDRESS</b> <b>3951 BRAMPTON ISLAND CT. S.</b><br><b>1.4 CITY-ST-ZIP</b> <b>JACKSONVILLE, FL 32224</b>    |   |  |
| <b>TITLE</b> <input type="checkbox"/> DELETE<br><b>NAME</b> <b>SANDY DAVIS</b><br><b>STREET ADDRESS</b> <b>4368 COUNTY RD. 15A</b><br><b>CITY-ST-ZIP</b> <b>GREEN COVE SPRINGS, FL 32043</b>                    | <b>2.1 TITLE</b> <b>VP-D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>2.2 NAME</b> <b>SANDY DAVIS</b><br><b>2.3 STREET ADDRESS</b> <b>4368 COUNTY RD. 15A</b><br><b>2.4 CITY-ST-ZIP</b> <b>GREEN COVE SPRINGS, FL 32043</b>          |   |  |
| <b>TITLE</b> <input type="checkbox"/> DELETE<br><b>NAME</b> <b>BRIAN R. JOHNSON</b><br><b>STREET ADDRESS</b> <b>8787 SOUTHSIDE BLVD. APT. 1149</b><br><b>CITY-ST-ZIP</b> <b>JACKSONVILLE FL 32256</b>           | <b>3.1 TITLE</b> <b>VP-D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>3.2 NAME</b> <b>BRIAN R. JOHNSON</b><br><b>3.3 STREET ADDRESS</b> <b>8787 SOUTHSIDE BLVD. APT. 1149</b><br><b>3.4 CITY-ST-ZIP</b> <b>JACKSONVILLE FL 32256</b> |   |  |
| <b>TITLE</b> <input type="checkbox"/> DELETE<br><b>NAME</b> <b>JOHN J. HARRIS</b><br><b>STREET ADDRESS</b> <b>1000 N. 1ST ST.</b><br><b>CITY-ST-ZIP</b> <b>JACKSONVILLE FL 32202</b>                            | <b>4.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>4.2 NAME</b> <b>JOHN J. HARRIS</b><br><b>4.3 STREET ADDRESS</b> <b>1000 N. 1ST ST.</b><br><b>4.4 CITY-ST-ZIP</b> <b>JACKSONVILLE FL 32202</b>   |   |  |
| <b>TITLE</b> <input type="checkbox"/> DELETE<br><b>NAME</b> <b>JOHN J. HARRIS</b><br><b>STREET ADDRESS</b> <b>1000 N. 1ST ST.</b><br><b>CITY-ST-ZIP</b> <b>JACKSONVILLE FL 32202</b>                            | <b>5.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>5.2 NAME</b> <b>JOHN J. HARRIS</b><br><b>5.3 STREET ADDRESS</b> <b>1000 N. 1ST ST.</b><br><b>5.4 CITY-ST-ZIP</b> <b>JACKSONVILLE FL 32202</b>   |   |  |
| <b>TITLE</b> <input type="checkbox"/> DELETE<br><b>NAME</b> <b>JOHN J. HARRIS</b><br><b>STREET ADDRESS</b> <b>1000 N. 1ST ST.</b><br><b>CITY-ST-ZIP</b> <b>JACKSONVILLE FL 32202</b>                            | <b>6.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>6.2 NAME</b> <b>JOHN J. HARRIS</b><br><b>6.3 STREET ADDRESS</b> <b>1000 N. 1ST ST.</b><br><b>6.4 CITY-ST-ZIP</b> <b>JACKSONVILLE FL 32202</b>   |   |  |

**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 AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/24/99** **(904) 821-7887**

CR2E037 (11/98)