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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *N 9800 0003074* ✓

1. Corporation Name

THE FIRST COAST INDEPENDENT SCHOOL FOUNDATION, INC.

Principal Place of Business

Mailing Address

145 LINKSIDE CIRCLE
PONTE VEDRA BEACH, FL 32082

SAME

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

MAY 26, 1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-3520492

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

JACKSONVILLE, FL

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

32203-2981

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS C. HILTON, M.D.
145 LINKSIDE CIRCLE
PONTE VEDRA BEACH, FL 32082

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	D. ALVIN CASH	
STREET ADDRESS	75 SAN JUAN DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	P, D	<input type="checkbox"/> DELETE
NAME	THOMAS C. HILTON	
STREET ADDRESS	145 LINKSIDE CIRCLE	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	S, D	<input type="checkbox"/> DELETE
NAME	HOLLY FINCHEM	
STREET ADDRESS	7160 MARSH HAWK COURT	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAMELA KEELER	
STREET ADDRESS	108 TEAL NEST COURT	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DANIEL MACKLIN	
STREET ADDRESS	118 MILLS LANE	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	VP, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JANE LEWIS	
1.3 STREET ADDRESS	8029 PEBBLE CREEK LANE	
1.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
2.1 TITLE	T, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JEANNETTE ELIASBERG	
2.3 STREET ADDRESS	24481 HARBOUR VIEW DRIVE	
2.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	THOMAS O. DOUGLAS, JR.	
3.3 STREET ADDRESS	313 ROYAL TERN ROAD, SOUTH	
3.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	EDWARD E. BURR	
4.3 STREET ADDRESS	3903 DUVAL DRIVE	
4.4 CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WILLIAM KEATOR	
5.3 STREET ADDRESS	105 CARIBIA PLACE	
5.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JASON GREGG	
6.3 STREET ADDRESS	967 PONTE VEDRA BOULEVARD	
6.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	

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:

Jeannette Eliasberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JEANNETTE ELIASBERG, TREASURER

5/13/99
Date

(904) 273-2687
Daytime Phone #

CR2E037 (11/98)