

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008634

FILED  
Mar 19, 2010  
Secretary of State

**Entity Name:** FIRST COAST WORKSITE WELLNESS COUNCIL, INC.

**Current Principal Place of Business:**

397 MAPLEWOOD DRIVE  
JACKSONVILLE, FL 32259 US

**New Principal Place of Business:**

**Current Mailing Address:**

1526 UNIVERSITY BOULEVARD WEST  
SUITE 444  
JACKSONVILLE, FL 32217 US

**New Mailing Address:**

**FEI Number:** 27-0974577      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FINNIE, MICHAEL J  
397 MAPLEWOOD DRIVE  
JACKSONVILLE, FL 32259 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**Title:** C  
**Name:** FINNIE, MICHAEL J  
**Address:** 397 MAPLEWOOD DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32259 US

**Title:** VC  
**Name:** DEVIESE, TIMOTHY P  
**Address:** 1520 FIELD STREET  
**City-St-Zip:** FERNANDINA BEACH, FL 32034 US

**Title:** S  
**Name:** WARD, LOWRIE A  
**Address:** 900 UNIVERSITY BLVD NORTH STE 209-F MC-38  
**City-St-Zip:** JACKSONVILLE, FL 322119203 US

**Title:** T  
**Name:** NYSEWANDER, DORETTE M  
**Address:** 1526 UNIVERSITY BLVD WEST STE 436  
**City-St-Zip:** JACKSONVILLE, FL 32217 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL J. FINNIE

C

03/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date