

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37300

FILED
Jul 05, 2005
Secretary of State

Entity Name: FIRST COAST MANUFACTURERS ASSOCIATION, INC.

Current Principal Place of Business:

4215 SOUTHPOINT BLVD.
SUITE 140
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

4215 SOUTHPOINT BLVD.
SUITE 140
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 59-2922415 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DANIELS, L A JR
4215 SOUTHPOINT BLVD
SUITE 140
JACKSONVILLE, FL 32216? US

Name and Address of New Registered Agent:

DANIELS, L A JR
4215 SOUTHPOINT BLVD
SUITE 140
JACKSONVILLE, FL 32216 US

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: SHERRI MITCHELL

07/05/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VINYARD, HERSCHEL
Address: 8500 HECKSCHER DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

Title: D () Delete
Name: HILDEBRAND, CINDY
Address: 520 CYNTHIA STREET
City-St-Zip: JACKSONVILLE, FL 32254

Title: D () Delete
Name: BUSSELL, JERRY
Address: 6743 SOUTHPOINT DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: JENKINS, STEVEN
Address: 241 LEVY ROAD
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Delete
Name: MCVETY, JONATHAN
Address: 1401 WHEELS ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: BROOKS, DEL
Address: 9469 EASTPORT ROAD
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WARYOLD, JOE
Address: 735 EAST BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HERSCHEL VINYARD

D

07/05/2005

Electronic Signature of Signing Officer or Director

Date