

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37300

FILED  
Jul 09, 2007  
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:**

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: D ( ) Delete  
Name: OBRIEN, MARY  
Address: 9995 GATE PARKWAY, SUITE 200  
City-St-Zip: JACKSONVILLE, FL 32246

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

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

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

Title: D ( ) Delete  
Name: SUVEG, TONY  
Address: 6825 EVERGREEN AVENUE  
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete  
Name: RYAN, TOM  
Address: PO BOX 2230  
City-St-Zip: JACKSONVILLE, FL 32203

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

Title: D (X) Change ( ) Addition  
Name: SHIMP, EARL  
Address: 402 HECKSCHER DRIVE  
City-St-Zip: JACKSONVILLE, FL 32226

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOE WARYOLD

D

07/09/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date