

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37300

FILED
Mar 05, 2008
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 ()

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: SHIMP, EARL
Address: 402 HECKSCHER DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

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: D (X) Change () Addition
Name: HANCOCK, NEIL
Address: 9428 BAYMEADOWS RD.
City-St-Zip: JACKSONVILLE, FL 32256

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:

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: LAD DANIELS

PRES

03/05/2008

Electronic Signature of Signing Officer or Director

_____ Date