2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90295 050 ****61.25

DOCUMENT # N94000004286

1. Entity Name
FIRST COAST WIND ENSEMBLE, INC.

Y4U48031

Principal Place of Business	Mailing Address
420 CEDAR CREEK RD PALATKA, FL 32177	420 CEDAR CREEK RD PALATKA, FL 32177

04082004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1130 ACOSTA ST.	1130 ACOSTA ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32204 Country	Zip: 32204 Country

4. FEI Number 59-3301510 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLACKWELL, EVELYN B
420 CEDAR CREEK RD
PALATKA, FL 32177

7. Name and Address of New Registered Agent

Name: Cindy A Kuzel
Street Address (P.O. Box Number is Not Acceptable): 1130 ACOSTA ST.
City: Jacksonville FL Zip Code: 32204

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Cindy A Kuzel 4/8/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOOTEN, DEBORAH 5255 LOURCEY ROAD JACKSONVILLE, FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HOLT, ANN C 1804 AVONDALE CIRCLE JACKSONVILLE, FL 32205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KUZEL, CINDY 1130 ACOSTA STREET JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD BLACKWELL, EVELYN 420 CEDAR CREEK RD PALATKA, FL 321776917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP FLANDERS, REZZIE 4269 MC GIRTS BLVD JACKSONVILLE, FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOONE, STEVE 2305 RANGE CRESCENT CT ORANGE PARK, FL 32073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cindy A Kuzel Cindy A. Kuzel 4/8/04 904-387-7771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #