2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006
Secretary of State

DOCUMENT# N94000004286

Entity Name: FIRST COAST WIND ENSEMBLE, INC.

Current Principal Place of Business:

1130 ACOSTA ST
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

1130 ACOSTA ST
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 59-3301510 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUZEL, CINDY A
1130 ACOSTA ST
JACKSONVILLE, FL 32204 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: WOOTEN, DEBORAH
Address: 5255 LOURCEY ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: SD ( ) Delete
Name: HOLT, ANN C
Address: 1804 AVONDALE CIRCLE
City-St-Zip: JACKSONVILLE, FL 32205

Title: TD ( ) Delete
Name: KUZEL, CINDY
Address: 1130 ACOSTA STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: MD ( ) Delete
Name: BLACKWELL, EVELYN
Address: 420 CEDAR CREEK RD
City-St-Zip: PALATKA, FL 321776917

Title: PD ( ) Delete
Name: BOONE, STEVE
Address: 2305 RANGE CRESCENT CT
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: MILLS, JEFF
Address: 622 FILMORE ST., #107-B
City-St-Zip: ORANGE PARK, FL 32065

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

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

Title: D (X) Change ( ) Addition
Name: BOONE, STEVE
Address: 2305 RANGE CRESCENT CT
City-St-Zip: ORANGE PARK, FL 32073

I hereby certify that the information supplied with this filing does not qualify for the 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: CINDY A. KUZEL TREA 02/08/2006
Electronic Signature of Signing Officer or Director — Date