2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
05 JUN 20 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000002875

1. Entity Name
FIRST COAST MICRO LOAN, INC.

Principal Place of Business	Mailing Address
5000-3 NORWOOD AVENUE JACKSONVILLE, FL 32208	5000-3 NORWOOD AVENUE JACKSONVILLE, FL 32208

06152005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1300 Riverplace Blvd	1300 Riverplace Blvd
Suite, Apt. #, etc. Suite 105	Suite, Apt. #, etc. Suite 105
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip: 32207 Country: USA	Zip: 32207 Country: USA

4. FEI Number
59-3447122
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BALANKY, MICHAEL
5000-3 NORWOOD AVENUE
JACKSONVILLE, FL 32208

7. Name and Address of New Registered Agent

Name: Warren, Cleve
Street Address (P.O. Box Number is Not Acceptable): 1300 Riverplace Blvd
Suite 105
City: Jacksonville FL Zip Code: 32207

8. The above name 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: J.D. Warren, Pres. 6/15/05
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BALANKY, MICHAEL F 5665 UNIVERSITY BLVD W JACKSONVILLE, FL 32216	☐ Delete	CD 1300 Riverplace Blvd Suite 400 Jacksonville, FL 32207	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BALDWIN, BOB 3 INDEPENDENT AVE JACKSONVILLE, FL 32202	☐ Delete	VCD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BEITZ, LYNETTE 3 INDEPENDENT AVE JACKSONVILLE, FL 32202	☒ Delete	PD Warren, Cleve 1300 Riverplace Blvd Suite 105 Jacksonville, FL 32207	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONALDSON, JANICE 4567 ST JOHNS BLUFF RD S JACKSONVILLE, FL 32224	☐ Delete	TD Johnson, Henry 2933 N. Mrytle AVenue Jacksonville, FL 32209	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRYANT, MICHAEL 1131 N. LAURA STREET JACKSONVILLE, FL 32202	☒ Delete	D Sullivan, John 200 W. Forsyth Street Jacksonville, FL 32202	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MERVIN, AARON 1331-1 PALMDALE STREET JACKSONVILLE, FL 32206	☐ Delete	500056429105 06/22/05--01013--001 **96.25	☐ 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: J.D. Ward 6/15/05 904 398-9411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

T. Lewis

(TUE) JUN 21 2005 12:35/ST. 12:34/NO. 6820597138 P 2

FROM