2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000002875

1. Entity Name
FIRST COAST MICRO LOAN, INC.

Principal Place of Business	Mailing Address
1300 RIVERPLACE BLVD. SUITE 105 JACKSONVILLE, FL 32207	1300 RIVERPLACE BLVD. SUITE 105 JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

01052007 No Chg-NP CR2E037 (4/06)

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

WARREN, CLEVE
1300 RIVERPLACE BLVD.
SUITE 105
JACKSONVILLE, FL 32207

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BALANKY, MICHAEL F
STREET ADDRESS	1300 RIVERPLACE BLVD., SUITE 400
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	CD
NAME	BEAUDRY, VICKI
STREET ADDRESS	1750 S 14TH ST
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	PD
NAME	WARREN, CLEVE
STREET ADDRESS	1300 RIVERPLACE BLVD., SUITE 105
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	DONALDSON, JANICE
STREET ADDRESS	4567 ST JOHNS BLUFF RD S
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	TD
NAME	JOHNSON, HENRY
STREET ADDRESS	2933 N. MRYTLE AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	VCD
NAME	IRELAND, LOCK
STREET ADDRESS	13846 ATLANTIC BLVD, # 417
CITY-ST-ZIP	JACKSONVILLE, FL 32225

U00000582142
01/11/07-80019-025 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: C. Warren 1/8/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #