## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000001900

Entity Name: MISSION FIRST COAST, INC.

FILED Apr 13, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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190 S ROSCOE BLVD

PONTE VEDRA BEACH, FL 32082

Current Mailing Address: New Mailing Address:

P.O. BOX 16388 JACKSONVILLE, FL 32245

FEI Number: 59-3504314 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIAMS, DANIEL W 190 S ROSCOE BLVD

PONTE VEDRA BEACH, FL 32082 US

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:

Clarkers is Circumstance of Decisions of Assert

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: WILLIAMS, DANIEL W
Address: 39 S ROSCOE BLVD

City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP ( ) Delete

Name: ROWE, RON

Address: 2700 UNIVERSITY BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: S ( ) Delete

Name: LUSK, TIM

Address: 10365 OLD ST AUGUSTINE RD City-St-Zip: JACKSONVILLE, FL 32257

Title: T ( ) Delete

 Name:
 GOLDSMITH, BEN

 Address:
 5860 MT CARMEL TERRACE

 City-St-Zip:
 JACKSONVILLE, FL 32216

Title: VP (X) Change ( ) Addition

Name: WILLIAMS, DANIEL W

Address: 39 S ROSCOE BLVD

City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S (X) Change ( ) Addition Name: NELSON, MICHAEL

Name: NELSON, MICHAEL Address: 2308 SOUTEL DR

City-St-Zip: JACKSONVILLE, FL 32208

Title: P (X) Change ( ) Addition

Name: LUSK, TIM

Address: 10365 OLD ST AUGUSTINE RD City-St-Zip: JACKSONVILLE, FL 32257

Title: ( ) Change ( ) Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DANIEL W WILLIAMS VP 04/13/2005