2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# N98000001900

Entity Name: MISSION FIRST COAST, INC.

Current Principal Place of Business:

668 ST. JOHNS BLUFF ROAD N.
JACKSONVILLE, FL 32225

New Principal Place of Business:

710 WINFRED DR. NORTH
ORANGE PARK, FL 32073

Current Mailing Address:

P.O. BOX 16388
JACKSONVILLE, FL 32245

New Mailing Address:

FEI Number: 59-3504314 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LUSK, TIM
10365 OLD ST AUGUSTINE RD
JACKSONVILLE, FL 32082 US

Name and Address of New Registered Agent:

LUSK, TIM
710 WINFRED DR. NORTH
ORANGE PARK, FL 32073 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: _____ 05/02/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: WILLIAMS, DANIEL W
Address: 39 S ROSCOE BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S ( ) Delete
Name: NELSON, MICHAEL
Address: 2308 SOUTEL DR
City-St-Zip: JACKSONVILLE, FL 32208

Title: P ( ) 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change ( ) Addition
Name: LUSK, TIM
Address: 710 WINFRED DR. NORTH
City-St-Zip: ORANGE PARK, FL 32073

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

I hereby certify that the information supplied with this filing does not qualify 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: TIM LUSK P 05/02/2007
Electronic Signature of Signing Officer or Director — Date