2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# N99000001782

Entity Name: FIRST COAST ELECTRICAL APPRENTICESHIP PROGRAM, INC.

Current Principal Place of Business:

2270 DEERWOOD ACRES DRIVE
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

2270 DEERWOOD ACRES DRIVE
SAINT AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-3566498 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOLES, JOSEPH L JR
120 CHARLOTTE STREET
ST AUGUSTINE, FL 32084 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: OWEN, MICKY
Address: 1775 LAKESIDE AVE
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D ( ) Delete
Name: WILSON, CLIFF
Address: 175 INDUSTRIAL LOOP
City-St-Zip: ORANGE PARK, FL

Title: D ( ) Delete
Name: ALLEN, PAUL
Address: 4206 HOLLY COURT
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Delete
Name: HACKETT, CHARLES
Address: 2270 DEERWOOD ACRES DR
City-St-Zip: ST AUGUESTINE, FL 32086

Title: D ( ) Delete
Name: LYNCH, BILL
Address: 124 STATE ROAD 13
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete
Name: STRATMANN, MARK
Address: 2111 DOBBS RD.
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: CHARLES I. HACKETT D 04/21/2005

Electronic Signature of Signing Officer or Director Date