

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37300

**Entity Name:** FIRST COAST MANUFACTURERS ASSOCIATION, INC.

**FILED**  
**Jan 31, 2019**  
**Secretary of State**  
**4453844682CC**

**Current Principal Place of Business:**

1615 HUFFINGHAM ROAD  
SUITE 2  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

1615 HUFFINGHAM ROAD  
SUITE 2  
JACKSONVILLE, FL 32216 US

**FEI Number: 59-2922415**

**Certificate of Status Desired: No**

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

RAY, LAKE  
1615 HUFFINGHAM ROAD  
SUITE 2  
JACKSONVILLE, FL 32216 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: LAKE RAY**

**01/31/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title OFFICER  
Name SIMA, NANCY  
Address 4820 EXECUTIVE PARK CT, STE. 109  
City-State-Zip: JACKSONVILLE FL 32216

Title OFFICER  
Name CALDWELL, ROBERT  
Address 969 HALL PARK DRIVE  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title OFFICER  
Name ALANGADAN, ABE  
Address 7500 CENTURION PARKWAY  
City-State-Zip: JACKSONVILLE FL 32256

Title OFFICER  
Name SCHMIDGALL, TRENT  
Address 100 TENSOLITE DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32092

Title PRESIDENT  
Name RAY, LAKE  
Address 1615 HUFFINGHAM ROAD  
SUITE 2  
City-State-Zip: JACKSONVILLE FL 32216

*I hereby 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 all other like empowered.*

**SIGNATURE: LAKE RAY**

**PRESIDENT**

**01/31/2019**

Electronic Signature of Signing Officer/Director Detail

Date