

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37300

Entity Name: FIRST COAST MANUFACTURERS ASSOCIATION, INC.

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 III
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 RAYY III

01/28/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name CURRY, KEVIN
Address PO BOX 919
City-State-Zip: PALTKA FL 32178

Title D
Name BROWN, BLAKE
Address 13386 INTERNATIONAL PARKWAY
City-State-Zip: BALDWIN FL 32218

Title D
Name TOMEIO, CRAIG
Address 111 BUSCH DRIVE
City-State-Zip: JACKSONVILLE FL 32218

Title D
Name CUSICK, PAT
Address 100 TENSOLITE DRIVE
City-State-Zip: ST. AUGUSTINE FL 32092

Title D
Name DURKIN, JOE
Address 8619 WESTERN WAY
City-State-Zip: JACKSONVILLE FL 32256

Title D
Name ROBBINS, GEORGE
Address 12550 MANDARIN ROAD
City-State-Zip: JACKSONVILLE FL 32223

Title DIRECTOR OF FINANCE AND EDUCATION
Name MITCHELL, SHERRI D
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: SHERRI MITCHELL

DIRECTOR OF FINANCE & EDUCATION 01/28/2016

Electronic Signature of Signing Officer/Director Detail

Date