

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000004947

**Entity Name:** FLORIDA COASTAL SCHOOL OF LAW, INC.**Current Principal Place of Business:**8787 BAYPINE RD  
JACKSONVILLE, FL 32256**Current Mailing Address:**8787 BAYPINE RD  
JACKSONVILLE, FL 32256**FEI Number:** 20-0226587**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	INATOME, RICK
Address	1100 5TH AVE.S., SUITE 301
City-State-Zip:	NAPLES FL 34102

Title	D
Name	GOPLERUD, PETER
Address	8787 BAYPINE RD.
City-State-Zip:	JACKSONVILLE FL 32256

Title	D
Name	CHAIT, DOUG
Address	1100 5TH AVE.S., SUITE 301
City-State-Zip:	NAPLES FL 34102

Title	S
Name	OGENE, CHIDI
Address	1100 5TH AVENUE SOUTH, SUITE 301
City-State-Zip:	NAPLES FL 34102

Title	D
Name	ROSENBERG, JASON
Address	401 N. MICHIGAN AVE. SUITE 3300
City-State-Zip:	CHICAGO IL 60611

Title	D
Name	HANKS, JAMES JJR.
Address	750 E. PRATT ST., SUITE 900
City-State-Zip:	BALTIMORE MD 21202

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CHIDI OGENE****SECRETARY****03/20/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date