

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770003

FILED
Mar 23, 2009
Secretary of State

Entity Name: FLORIDA FIRST CAPITAL FINANCE CORPORATION, INC.

Current Principal Place of Business:

1351 N. GADSDEN ST.
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 4166
TALLAHASSEE, FL 32315 US

New Mailing Address:

FEI Number: 59-2515700 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOCOUREK, TODD G
1351 N. GADSDEN STREET
TALLAHASSEE, FL 32303 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: CEO () Delete
Name: KOCOUREK, TODD G
Address: 1351 N. GADSDEN STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: C () Delete
Name: MCKAY, BENJAMIN
Address: 444 N. CAPITAL STREET NW, STE 801
City-St-Zip: WASHINGTON, DC 20001

Title: D () Delete
Name: JACKSON, NORWOOD
Address: 24184 WESTMINSTER COURT
City-St-Zip: BROOKSVILLE, FL 34601

Title: D () Delete
Name: HOBBS, GREGORY
Address: 3161 WHIRLAWAY TRAIL
City-St-Zip: TALLAHASSEE, FL 32308

Title: S () Delete
Name: FANCHER, STEPHEN
Address: 10400 N.W. 33RD STREET
City-St-Zip: MIAMI, FL 33172

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: MEDINA, JOHN
Address: 1335 COMMERCE BLVD.
City-St-Zip: MIDWAY, FL 32343

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: TODD G. KOCOUREK

CEO

03/23/2009

Electronic Signature of Signing Officer or Director

Date