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Secretary of State
01-24-2005 90043 017 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000006650

1. Entity Name
FIRST COAST METRO CHAPTER OF SPEBSQSA, INC.

66003410

01102005 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
10017 LAKE LAMAR COURT JACKSONVILLE, FL 32256	10017 LAKE LAMAR COURT JACKSONVILLE, FL 32256

2. Principal Place of Business	3. Mailing Address
5358 WINROSE FALLS DR.	5358 WINROSE FALLS DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32258 Country: USA	Zip: 32258 Country: USA

4. FEI Number: 59-3430470 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOBOLEWSKI, MICHAEL 10017 LAKE LAMAR COURT JACKSONVILLE, FL 32256	Name: SOBOLEWSKI MICHAEL Street Address (P.O. Box Number is Not Acceptable): 5358 WINROSE FALLS DR. City: JACKSONVILLE FL Zip Code: 32258

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ 2/10/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SOBLENSKI, MIKE 10017 LAKE LEIVER CT. JACKSONVILLE, FL 32256	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAN PROCTOR 1926 IBIS POINT LANE JACKSONVILLE, FL. 32224 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LANOVAY, RON 4353 HUNGTINGTON FOREST BLVD. JACKSONVILLE, FL 32257	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MIKE SOBOLEWSKI 5358 WINROSE FALLS DR. JACKSONVILLE, FL 32258 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PROCTOR, DAN 1926 IBIS POINT LANE JACKSONVILLE, FL 32224	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD EDWARD DENNIS 3[illegible] S. OCEAN-FRACKRD. ST. AUGUSTINE, FL. 32084 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BRCEDON, GEORGE 6720 HARLOW BLVD. JACKSONVILLE, FL 32210	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MATTHEW ADAMSKY 5545 STANFORD RD. APT. #C JACKSONVILLE, FL 32207 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NICKEL, DICK 73 KINGSLEY LANE ORMOND BEACH, FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COPELAND, ARCH 6173 BELLE RIVER CT JACKSONVILLE, FL 32256	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TODD HASTIE 1770 LONG SLOUGH WALK ORANGE PARK, FL. 32003 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ MIKE SOBOLOWSKI 2/13/05 904-343-8892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #