

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # N01000004852**

**1. Entity Name  
FIRST COAST RESCUE, INC.**



**Principal Place of Business  
7737 MC COWAN DR.  
JACKSONVILLE, FL 32244**

**Mailing Address  
PO BOX 440008  
JACKSONVILLE, FL 32222**



04252008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
94-3404170**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**JINRIGHT, JAMES E  
7737 MC COWAN DR.  
JACKSONVILLE, FL 32244**

**DO NOT WRITE  
IN THIS SPACE**

**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**

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, 2008**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
REIMERT, ELEONORA  
5551 MORSE AVE  
JACKSONVILLE, FL 32244**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
JINRIGHT, JAMES E  
7737 MC COWAN DR.  
JACKSONVILLE, FL 32244**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KRAUSSE, KRISTA  
7103 PRESTWICK CIRCLE N.  
JACKSONVILLE, FL 32244**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

U00000937965  
05/27/08-80069-014 70.00

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*J E Jinright*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 29 - 2008*  
Date

Daytime Phone #