

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004852

FILED
Apr 21, 2009
Secretary of State

Entity Name: FIRST COAST RESCUE, INC.

Current Principal Place of Business:

7737 MC COWAN DR.
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

PO BOX 440008
JACKSONVILLE, FL 32222

New Mailing Address:

FEI Number: 94-3404170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JINRIGHT, JAMES E
7737 MC COWAN DR.
JACKSONVILLE, FL 32244 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: PSD () Delete
Name: REIMERT, ELEONORA
Address: 5551 MORSE AVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: TD () Delete
Name: JINRIGHT, JAMES E
Address: 7737 MC COWAN DR.
City-St-Zip: JACKSONVILLE, FL 32244

Title: D () Delete
Name: KRAUSSE, KRISTA
Address: 7103 PRESTWICK CIRCLE N.
City-St-Zip: JACKSONVILLE, FL 32244

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:

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: ELEONORA REIMERT

PSD

04/21/2009

Electronic Signature of Signing Officer or Director

Date