

**2010 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY -4 AM 8:20

KS



04252008 No Chg-NP

CR2E037 (4/06)

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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 re-registering)

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 6551 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/10/10--01002--032 **61.25

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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 - 2010

Date