

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 22, 2007 08:00 AM
Secretary of State



DOCUMENT # N02000001038
1. Entity Name
FIRST COAST - CHRIST COMMUNITY CHURCH INC.

Principal Place of Business 19 LOGGERHEAD LANE PONTE VEDRA BEACH FL 32082	Mailing Address 19 LOGGERHEAD LANE PONTE VEDRA BEACH FL 32082
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2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip	City & State Country
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4. FEI Number 04-3601304	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HAY, BURL H
19 LOGGERHEAD LANE
PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *Burl H. Hay* DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	C HIHAL, BURL 19 LOGGER HEAD LN. PONTE VEDRA BEACH FL 32082	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T LIQUORE, ALFIA 1637 5TH AVE. NORTH JACKSONVILLE BEACH FL 32250	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T BRENNAN, JEAN 657 PONTE VEDRA BLVD. PONTE VEDRA BEACH FL 32082	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T LONEY, EILEEN 183 BERMUDA COURT PONTE VEDRA BEACH FL 32082	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	U000000598823 01/25/07-80002-010 61.25	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Burl H. Hay* 1-19-07 1-904-273-5229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deadline Phone #