2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006
Secretary of State

DOCUMENT# N02000008229

Entity Name: FIRST COAST CHRISTIAN MINISTRIES OF JACKSONVILLE, INC.

Current Principal Place of Business:

3015 SPRING PARK RD.
JACKSONVILLE, FL 32207

New Principal Place of Business:

2530 KERSHAW DR W
JACKSONVILLE, FL 32211

Current Mailing Address:

2530 KERSHAW DR. WEST
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 14-1846237 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MITCHELL, THOMAS J
2530 KERSHAW DR. WEST
JACKSONVILLE, FL 32211 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: PD ( ) Delete
Name: MITCHELL, THOMAS
Address: 2530 KERSHAW DR. WEST
City-St-Zip: JACKSONVILLE, FL 32211

Title: VD ( ) Delete
Name: EVERETT, CHRISTOPHER
Address: 12450 BISCAYNE BLVD, APT. 315
City-St-Zip: JACKSONVILLE, FL 32218

Title: TSD ( ) Delete
Name: MITCHELL, HAZEL
Address: 2530 KERSHAW DR. WEST
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: EVERETT, CHRISTOPHER
Address: 12450 BISCAYNE BLVD, APT. 315
City-St-Zip: JACKSONVILLE, FL 32218

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS J MITCHELL, SR PD 03/29/2006

Electronic Signature of Signing Officer or Director — Date