

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 16, 2008 8:00 am**  
**Secretary of State**

06-16-2008 90002 041 \*\*\*\*61.25

<b>DOCUMENT # N02000008229</b>					
<b>1. Entity Name</b> FIRST COAST CHRISTIAN MINISTRIES OF JACKSONVILLE, INC.					
<b>Principal Place of Business</b> 2530 KERSHAW DR W JACKSONVILLE, FL 32211			<b>Mailing Address</b> 2530 KERSHAW DR. WEST JACKSONVILLE, FL 32211		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 14-1846237	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MITCHELL, THOMAS J 2530 KERSHAW DR. WEST JACKSONVILLE, FL 32211			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> MITCHELL, THOMAS	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 2530 KERSHAW DR. WEST	JACKSONVILLE, FL 32211		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>TITLE</b> VP	<b>NAME</b> EVERETT, CHRISTOPHER	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 12450 BISCAYNE BLVD, APT. 315	JACKSONVILLE, FL 32218		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>TITLE</b> TSD	<b>NAME</b> MITCHELL, HAZEL	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 2530 KERSHAW DR. WEST	JACKSONVILLE, FL 32211		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>TITLE</b> VP	<b>NAME</b> Mitchell, Hazel	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 2530 Kershaw Dr West	JACKSONVILLE, FL 32211		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>TITLE</b> TSD	<b>NAME</b> Corley, Sammie	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 2761 McR Wyn Road	JACKSONVILLE, FL 32207		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>TITLE</b> sect	<b>NAME</b> Key, Lorrienne	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 5555 Ft Caroline Road	JACKSONVILLE, FL 32272		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Thomas Mitchell</i>			<i>Thomas Mitchell</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 6/12/08 Daytime Phone #: 909.568.5474		

60044560

