

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008832

FILED  
Jul 05, 2005  
Secretary of State

**Entity Name:** FIRST COAST CHRISTIAN OUTREACH, INC.

**Current Principal Place of Business:**

1452 SAN AMARO ROAD  
JACKSONVILLE, FL 322077529

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5765  
JACKSONVILLE, FL 322475765

**New Mailing Address:**

**FEI Number:** 52-2391412      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CHURCH, WILLIAM P  
1452 SAN AMARO ROAD  
JACKSONVILLE, FL 322077529 US

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: D ( ) Delete  
Name: ADE, JAMES L  
Address: 4831MALPAS LANE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete  
Name: AUSTELL, DAVE  
Address: 1480 BELVEDERE AVE  
City-St-Zip: JACKSONVILLE, FL 32205

Title: VD ( ) Delete  
Name: BASS, GEORGE  
Address: 3838 COLE BROOKE DR  
City-St-Zip: JACKSONVILLE, FL 32210

Title: VD ( ) Delete  
Name: BROOKS, ALBERTA  
Address: 4412 SUMMER HAVEN BLVD S  
City-St-Zip: JACKSONVILLE, FL 32258

Title: D ( ) Delete  
Name: BROWN, MICHAEL A  
Address: 930 LASALLE STREET  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete  
Name: BRYANT, EDWARD  
Address: 8214 PRIONCETON SQUARE BLVD  
City-St-Zip: JACKSONVILLE, FL 32256

**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:

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 for the exemption stated in Section 119.07(3)(i), 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: WILLIAM P CHURCH

RA

07/05/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date