

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008881

FILED
Jul 27, 2004
Secretary of State**Entity Name:** FIRST COAST FAMILIES WITH CHILDREN FROM CHINA, INC.**Current Principal Place of Business:**289 WATERS EDGE DRIVE
PONTE VEDRA BEACH, FL 32082**New Principal Place of Business:****Current Mailing Address:**289 WATERS EDGE DRIVE
PONTE VEDRA BEACH, FL 32082**New Mailing Address:****FEI Number:** 30-0133886**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MYERS HARTWELL, PAIGE
289 WATERS EDGE DRIVE
PONTE VEDRA BEACH, FL 32082 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: AYERS, DAREN
Address: 4569 CRYSTAL BROOK WAY
City-St-Zip: JACKSONVILLE, FL 32224

Title: VPD () Delete
Name: MYERS HARTWELL, PAIGE
Address: 289 WATERS EDGE DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SD () Delete
Name: PATRICK, STEVE
Address: 10196 PINE BREEZE RD W
City-St-Zip: JACKSONVILLE, FL 32257

Title: T () Delete
Name: HAHN, KARLA
Address: 1949 SWEET BRIAR LANE
City-St-Zip: JACKSONVILLE, FL 32217

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:

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: PAIGE MYERS HARTWELL

VPD

07/27/2004

Electronic Signature of Signing Officer or Director

Date