# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2006**
**Secretary of State**

DOCUMENT# N02000008881

**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 (X)**

**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: D ( ) Delete
Name: SALKO, MELISSA
Address: 1088 BLUE HERON WEST
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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

Title: P ( ) Delete
Name: ROMANO, CHRISTOPHER
Address: 109 OAK VIEW CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP ( ) Delete
Name: ARNOLD, SUSAN
Address: 7343 SAN PEDRO ROAD
City-St-Zip: JACKSONVILLE, FL 32259

**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 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: PAIGE MYERS HARTWELL D 04/27/2006
Electronic Signature of Signing Officer or Director — Date