

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90011 008 ****70.00

DOCUMENT # N03000000632

1. Entity Name
FIRST COAST DIVERSITY COUNCIL, INCORPORATED



Principal Place of Business
500 WATER STREET (J400)
JACKSONVILLE, FL 32202

Mailing Address
500 WATER STREET (J400)
JACKSONVILLE, FL 32202

44050392



2. Principal Place of Business

3. Mailing Address
FIRST COAST DIVERSITY COUNCIL, INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO Box 47712

07152004

Chg-NP

CR2E037 (10/03)

City & State

City & State

JACKSONVILLE, FL

4. FEI Number

EIN 03-0509448

Applied For

Not Applicable

Zip

Country

Zip

32247-7712

Country

DUVAL

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIEB, DOUG
8000 BAYMEADOWS WAY
JACKSONVILLE, FL 32256

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME JENKINS, TONY
STREET ADDRESS 4800 DEERWOOD CAMPUS PKWY. DCC1-4
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME SCHERCH, ROBIN
STREET ADDRESS 500 WATER STREET (J400)
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE ☒ Change ☐ Addition
NAME PD
NAME SCHERCH, ROBIN
STREET ADDRESS 4800 DEERWOOD CAMPUS PKWY. DCC1-4
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE VD ☐ Delete
NAME MYERS, MARSHA
STREET ADDRESS 9428 BAYMEADOWS ROAD SUITE 250
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME GRIEB, DOUG
STREET ADDRESS 8000 BAYMEADOWS WAY
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME PALMER, LAURA
STREET ADDRESS 4800 DEERWOOD CAMPUS PKWY. DCC-14
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: DOUGLAS C. GRIEB

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JULY 15, 2004 904-636-2050