2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 15, 2005 8:00 am Secretary of State

DOCUMENT # N0300000632 1. Entity Name FIRST COAST DIVERSITY COUNCIL, INCORPORATED			Sings			06-15-200	5 90094 0	18 ****7	'0.00
Principal Place of Business 500 WATER STREET (J400) JACKSONVILLE, FL 32202 P.O. BOX 47712 JACKSONVILLE, FL 3224									1 /781 (1) 1831
2. Principal Place of Business 4800 DEERWOOD CAMPUS PKWY		3. Mailing Address					100 1100 1100 1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04142005	Chg-NP	CR2E03	37 (10/03)		
City & State JACKSONVILLE, FL		City & State		4. FEI Number 03-0509			_ 	oplied For ot Applicable	
Zip 32246	Country DUVAL	Zip	Countr	ry	5. Certificate o	f Status Desired		\$8.75 Add	
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New	Registered /	Agent	
GRIEB, DOUG				Name					
8000 BAYMEADOWS WAY JACKSONVILLE, FL 32256				Street Address (P.O. Box Number is Not Acceptable)					
			(City FL Zip Code					
	named entity submits this statement flions of registered agent.	or the purpose of changing its	registered (office or regi	istered agent, or both	, in the State of F	lorida. I am	familiar with,	and accept
SIGNATURE .								,	
1	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered Ag	gent signsture req	quired when reinstating)	,	DATE	,	
	Signature, typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2005	9. Election Can Trust Fund C	npaign Fina	ancing _	\$5.00 May Be Added to Fees	Fid	DATE Make checi orida Depar		
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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 WILLIAME OF SIGNANG OFFICER OR DIRECTOR 4/18/05 904-636-2050

Date Desume Priore #