
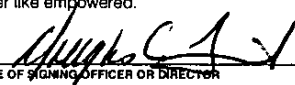


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

06-15-2005 90094 018 \*\*\*\*70.00

<b>DOCUMENT # N03000000632</b> 1. Entity Name <b>FIRST COAST DIVERSITY COUNCIL, INCORPORATED</b>					
Principal Place of Business <b>500 WATER STREET (J400) JACKSONVILLE, FL 32202</b>			Mailing Address <b>FIRST COAST DIVERSITY COUNCIL INC P.O. BOX 47712 JACKSONVILLE, FL 32247-7712</b>		
2. Principal Place of Business <b>4800 DEERWOOD CAMPUS PKWY</b> Suite, Apt. #, etc. <b>DCC 1-4</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>JACKSONVILLE, FL</b>		City & State			
Zip <b>32246</b>	Country <b>DUVAL</b>	Zip	Country		4. FEI Number <b>03-0509448</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					Applied For Not Applicable
6. Name and Address of Current Registered Agent  <b>GRIEB, DOUG 8000 BAYMEADOWS WAY JACKSONVILLE, FL 32256</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD JENKINS, TONY 4800 DEERWOOD CAMPUS PKWY. DCC1-4 JACKSONVILLE, FL 32246</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD SCHERCH, ROBIN 4800 DEERWOOD CAMPUS PKWY DCC 1-4 JACKSONVILLE, FL 32246</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD NORTON, ROBIN 637 NORTH LEE ST JACKSONVILLE, FL 32204</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD MYERS, MARSHA 9428 BAYMEADOWS ROAD SUITE 250 JACKSONVILLE, FL 32256</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD - GRIEB, DOUG 8000 BAYMEADOWS WAY JACKSONVILLE, FL 32256</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD PALMER, LAURA 4800 DEERWOOD CAMPUS PKWY, DCC-14 JACKSONVILLE, FL 32246</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: DOUGLAS C GRIEB</b> 			<b>4/18/05</b>		<b>904-636-2050</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>