

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000632

FILED  
Sep 04, 2008  
Secretary of State

**Entity Name:** FIRST COAST DIVERSITY COUNCIL, INCORPORATED

**Current Principal Place of Business:**

4800 DEERWOOD CAMPUS PKWY, DCC-14  
DCC 1-4  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

FIRST COAST DIVERSITY COUNCIL INC  
P.O. BOX 47712  
JACKSONVILLE, FL 322477712

**New Mailing Address:**

**FEI Number:** 03-0509448      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BAINES-BAUMANN, KIMBERLY  
800 WATER STREET  
JACKSONVILLE, FL 32204      US

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: JENKINS, TONY  
Address: 4800 DEERWOOD CAMPUS PKWY. DCC1-4  
City-St-Zip: JACKSONVILLE, FL 32246

Title: PD      ( ) Delete  
Name: NORTON, ROBIN  
Address: 637 NORTH LEE ST  
City-St-Zip: JACKSONVILLE, FL 32204

Title: PD      ( ) Delete  
Name: SIMMONS, J. SABRINA  
Address: 8000 BAYMEADOWS WAY  
City-St-Zip: JACKSONVILLE, FL 32256

Title: TD      ( ) Delete  
Name: BAINES-BAUMANN, KIMBERLY  
Address: PO BOX 929  
City-St-Zip: JACKSONVILLE, FL 32231 00

Title: SD      ( ) Delete  
Name: WELLS, KATHERINE  
Address: 8100 NATIONS WAY  
City-St-Zip: JACKSONVILLE, FL 32256

**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:

Title: SD      (X) Change ( ) Addition  
Name: STANFORD, WALETTE  
Address: 21 WEST CHURCH STREET  
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify 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: KIMBERLY BAINES-BAUMANN

TD

09/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date