

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000632

FILED
Jan 22, 2009
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)

Name and Address of Current Registered Agent:

BAINES-BAUMANN, KIMBERLY
800 WATER STREET
JACKSONVILLE, FL 32204 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: 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: STANFORD, WALETTE
Address: 21 WEST CHURCH STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TONY, JENKINS
Address: 4800 DEERWOOD CAMPUS PKWY. DCC1-4
City-St-Zip: JACKSONVILLE, FL 32246

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: ED, GALLEGOS
Address: 4800 DEERWOOD CAMPUS PKWY. DCC1-4
City-St-Zip: JACKSONVILLE, FL 32246

Title: TD (X) Change () Addition
Name: BAINES-BAUMANN, KIMBERLY
Address: 800 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32204

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

Title: SD () Change (X) Addition
Name: STAFSLIEN, LISA
Address: 117 WEST DUVAL 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

01/22/2009

Electronic Signature of Signing Officer or Director

Date