2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2010
Secretary of State

DOCUMENT# N03000000632

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:

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

Name and Address of New Registered Agent:

BAINES-BAUMANN, KIMBERLY
9428 BAYMEADOWS ROAD
SUITE 400
JACKSONVILLE, FL 32256-797 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: KIMBERLY BAINES-BAUMANN 05/02/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

Title: TD
Name: BAINES-BAUMANN, KIMBERLY
Address: 9428 BAYMEADOWS ROAD SUITE 400
City-St-Zip: JACKSONVILLE, FL 32256 79

Title: PD
Name: STANFORD, WALETTE
Address: 21 WEST CHURCH STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: SD
Name: STAFSLIEN, LISA
Address: 117 WEST DUVAL STREET
City-St-Zip: JACKSONVILLE, FL 32202

I hereby 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 all other like empowered.

SIGNATURE: KIMBERLY BAINES-BAUMANN TD 05/02/2010
Electronic Signature of Signing Officer or Director Date