2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000632

FILED May 13, 2011 Secretary of State

Entity Name: FIRST COAST DIVERSITY COUNCIL, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

4800 DEERWOOD CAMPUS PKWY, DCC-14

DCC 1-4 JACKSONVILLE, FL 32246

Current Mailing Address: New Mailing Address:

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

FEI Number: 03-0509448 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

BAINES-BAUMANN, KIMBERLY
9428 BAYMEADOWS ROAD
SUITE 400
JACKSONVILLE, FL 32256 US
BAINES-BAUMANN, KIMBERLY
5011 GATE PARKWAY
BLDG 200, SUITE 400
JACKSONVILLE, FL 32256 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

MBERLY BAINES-BAUMANN 05/13/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: PD

Name: JENKINS, TONY

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: AUSTIN, ROBERT

Address: 5022 GATE PKWY, STE. 400 City-St-Zip: JACKSONVILLE, FL 32256

Title: TD

Name: BAINES-BAUMANN, KIMBERLY

Address: 5011 GATE PARKWAY BLDG. 200, SUITE 400

City-St-Zip: JACKSONVILLE, FL 32256

Title: PD

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

Title: SD

Name: CAMPBELL, FELECIA

Address: 4800 DEERWOOD CAMPUS PKWY. DCC1-4

City-St-Zip: JACKSONVILLE, FL 32246

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 05/13/2011