2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007696

FILED Apr 28, 2005 Secretary of State

Entity Name: FRIENDS OF FLORIDA'S FIRST COAST, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 12240 SAGO AVENUE WEST JACKSONVILLE, FL 32218 **Current Mailing Address: New Mailing Address:** 12240 SAGO AVENUE WEST JACKSONVILLE, FL 32218 FEI Number: 84-1652688 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HICKS, CAROLYN 16076 SAWPIT ROAD JACKSONVILLE, FL 32226 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition BAGGETT, DANNY Name: Name: Address: Address: 1721 CEDAR BAY RD City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32218 US Title: Title: () Change (X) Addition () Delete Name: Name: BURNS, KATHY Address: Address: 43508 RATLIFF RD City-St-Zip: City-St-Zip: CALLAHAN, FL 32011 US Title: () Delete Title: () Change (X) Addition BATTY, DAN Name: Name: 3028 MISTY MARSH DR Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32226 US Title: () Delete Title: () Change (X) Addition Name: Name: KEELING, DWAYNE Address: Address: 45215 STRATTON RD City-St-Zip: City-St-Zip: CALLAHAN, FL 32011 US Title: () Delete Title: () Change (X) Addition STALLWOOD, FRANK Name: Name: 11743 MARTHA'S VINEYARD CT Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32225 US Title: () Delete Title: () Change (X) Addition HICKS, CAROLYN Name: Name: Address: Address: 16076 SAWPIT RD JACKSONVILLE, FL 32226 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAROLYN HICKS S/T 04/28/2005