

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000007696

1. Entity Name
FRIENDS OF FLORIDA'S FIRST COAST, INCORPORATED



Principal Place of Business
12240 SAGO AVENUE WEST
JACKSONVILLE, FL 32218

Mailing Address
12240 SAGO AVENUE WEST
JACKSONVILLE, FL 32218

FILED

06 AUG -7 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05/05/06 90164 026 \$61.25
04192006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 84-1652688 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HICKS, CAROLYN
16076 SAWPIT ROAD
JACKSONVILLE, FL 32226

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BAGGETT, DANNY 1721 CEDAR BAY RD JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BURNS, KATHY 43508 RATLIFF RD CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BATTY, DAN 3028 MISTY MARSH DR JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEELING, DWAYNE 45215 STRATTON RD CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STALLWOOD, FRANK 11743 MARTHA'S VINEYARD CT JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T HICKS, CAROLYN 16076 SAWPIT RD JACKSONVILLE, FL 32226

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carolyn Hicks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/06 904-751-0552
Date Daytime Phone

2c 8/10