2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008
Secretary of State

DOCUMENT# N04000007696

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

Current Principal Place of Business:

12240 SAGO AVENUE WEST
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

12240 SAGO AVENUE WEST
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 84-1652688 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HICKS, CAROLYN
16076 SAWPIT ROAD
JACKSONVILLE, FL 32226 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: P ( ) Delete
Name: BAGGETT, DANNY
Address: 1721 CEDAR BAY RD
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: VP ( ) Delete
Name: BURNS, KATHY
Address: 43508 RATLIFF RD
City-St-Zip: CALLAHAN, FL 32011 US

Title: D ( ) Delete
Name: BATTY, DAN
Address: 3028 MISTY MARSH DR
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: D ( ) Delete
Name: KEELING, DWAYNE
Address: 45215 STRATTON RD
City-St-Zip: CALLAHAN, FL 32011 US

Title: D ( ) Delete
Name: STALLWOOD, FRANK
Address: 11743 MARTHA'S VINEYARD CT
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: S/T ( ) Delete
Name: HICKS, CAROLYN
Address: 16076 SAWPIT RD
City-St-Zip: JACKSONVILLE, FL 32226 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: CAROLYN HICKS S/T 03/26/2008

Electronic Signature of Signing Officer or Director — Date