


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90033 014 ****61.25

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| DOCUMENT # N05000002176 1. Entity Name JACKSONVILLE FIRST COAST CHAPTER FMPTA, CORP | |  |
| Principal Place of Business 2244 PARK ST JACKSONVILLE, FL 32204 | | Mailing Address 2532 HERSCHEL ST. APT. 4 JACKSONVILLE, FL 32204 |
| 2. Principal Place of Business - No P.O. Box # 5527 Eden Field Rd. | 3. Mailing Address 5527 Eden Field Rd. | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State Jacksonville, FL | City & State Jacksonville, FL | |
| Zip 32277 | Country USA | Zip 32277 |
| Country USA | Country USA | |
| 4. FEI Number NOT APPLICABLE | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent LEVINE, RICHARD 2532 HERSCHEL ST. JACKSONVILLE, FL 32204 <i>new address</i> | | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 <i>Richard Levine, TO</i> <i>April 2008</i> <i>4-10-08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. Filing Fee is \$61.25 Due by May 1, 2008 | | |
| 11. Make check payable to Florida Department of State | | |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MCDONALD, DEAN 2550 WOODHAVEN CT GREEN COVE SPRINGS, FL 32043 <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVD SERENATI, NICHOLAS POB 760 WELLBORN, FL 32094 <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CAHILL, RALPH 13936 CRESTWICK DR E JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CHERIE-COPELAND, AMY 1008 OSCEOLA ST 4 JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LEVINE, RICHARD 2532 HERSCHEL ST #4 JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD O'BRIEN, MARK 4836 ATLANTIC BLVD UNIT 202 JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVD COPELAND, AMY 1008 OSCEOLA ST #1 JACKSONVILLE, FL 32204 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT LOGSDON, KENNETH (KENNY) 1142 WALNUT ST. JACKSONVILLE, FL 32206 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY ARNOLD-SIMMONS, TERESA 203 KENMORE AVE PONCE VERDE, FL 32081 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TO Levine, Richard 5527 Eden Field Rd. Jacksonville, FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Richard Levine</i> <i>4-10-08</i> <i>904-613-8813</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | |

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