

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002176

FILED
Mar 15, 2009
Secretary of State

Entity Name: JACKSONVILLE FIRST COAST CHAPTER FMPTA, CORP

Current Principal Place of Business:

5527 EDENFIELD RD
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

5527 EDENFIELD RD
JACKSONVILLE, FL 32277

New Mailing Address:

FEI Number: 20-2498038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, RICHARD
2532 HERSCHEL ST.
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

LEVINE, RICHARD
5527 EDENFIELD RD
JACKSONVILLE, FL 32277 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:

03/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: O'BRIEN, MARK
Address: 4836 ATLANTIC BLVD UNIT 202
City-St-Zip: JACKSONVILLE, FL 32207

Title: EVD () Delete
Name: COPELAND, AMY
Address: 1008 OSCEOLA ST #1
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP () Delete
Name: LOGSAN, KENNETH
Address: 1142 WALNUT ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: S () Delete
Name: ARNOLD-SIMMONS, TERESA
Address: 203 KENMORE AVE
City-St-Zip: PONTE VEDRA, FL 32081

Title: TD () Delete
Name: LEVINE, RICHARD
Address: 5527 EDENFIELD RD
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: EVD (X) Change () Addition
Name: MCDONALD, DEAN
Address: 3615 COLEBROOKE DR.
City-St-Zip: JACKSONVILLE, FL 32210

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

Title: S (X) Change () Addition
Name: ROOKS, SAM
Address: 4756 LAWNVIEW STREET
City-St-Zip: JACKSONVILLE, FL 32205

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: RICHARD LEVINE

TD

03/15/2009

Electronic Signature of Signing Officer or Director

Date