

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002176

FILED  
Apr 22, 2011  
Secretary of State

**Entity Name:** JACKSONVILLE FIRST COAST CHAPTER FMPTA, CORP

**Current Principal Place of Business:**

4836 ATLANTIC BLVD,  
UNIT #202  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

3658 SANCTUARY WAY N  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

4836 ATLANTIC BLVD,  
UNIT #202  
JACKSONVILLE, FL 32207

**New Mailing Address:**

3658 SANCTUARY WAY N  
JACKSONVILLE BEACH, FL 32250

**FEI Number:** 20-2498038

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

O'BRIEN, MARK  
4836 ATLANTIC BLVD.  
UNIT #202  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

NIELSEN, WESLEY  
3658 SANCTUARY WAY N  
JACKSONVILLE BEACH, FL 32250 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: WESLEY NIELSEN

04/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: TD  
Name: NIELSEN, WESLEY  
Address: 3658 SANCTUARY WAY N  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby 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 all other like empowered.

SIGNATURE: WESLEY NIELSEN

TD

04/22/2011

Electronic Signature of Signing Officer or Director

Date