

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005462

FILED
Apr 17, 2007
Secretary of State

Entity Name: FIRST COAST FAMILY CHURCH, INC.

Current Principal Place of Business:

1630 RYAR ROAD
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

1630 RYAR ROAD
JACKSONVILLE, FL 32216 US

New Mailing Address:

P.O. BOX 5535
JACKSONVILLE, FL 32247 US

FEI Number: 84-1680590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOM, COLIN S
1630 RYAR ROAD
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

LUNSFORD, SUSAN J
1630 RYAR ROAD
JACKSONVILLE, FL 32216 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: SUSAN J LUNSFORD

04/17/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLOM, COLIN S
Address: 3752 LILLY ROAD NORTH
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D () Delete
Name: LOCHNER, JOHANN G
Address: 5 EAST MOUNTAIN LANE
City-St-Zip: GRAND PRAIRIE, TX 75052 US

Title: VD () Delete
Name: LUNSFORD, NOEL F
Address: 1630 RYAR ROAD
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: STD () Delete
Name: LUNSFORD, SUSAN J
Address: 1630 RYAR ROAD
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: D () Delete
Name: BARTOLOMEO, STEVE
Address: 43 MEADOW LN #6
City-St-Zip: BRIDGEWATER, MA 02324 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BLOM, COLIN S
Address: 8433 SOUTHSIDE BLVD #1602
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: D (X) Change () Addition
Name: LOCHNER, JOHANN G
Address: 944 NORTH WINDOMERE
City-St-Zip: DALLAS, TX 75208 US

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 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: SUSAN J LUNSFORD

STD

04/17/2007

Electronic Signature of Signing Officer or Director

Date