


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # N05000007638 1. Entity Name FIRST COAST USBC ASSOCIATION, INC.	
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Principal Place of Business 13440 GALLANT FOX CIRCLE WEST JACKSONVILLE, FL 32218	Mailing Address PO BOX 26345 JACKSONVILLE, FL 32226
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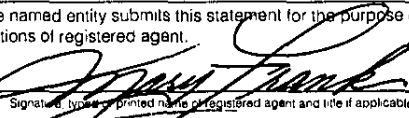
DO NOT WRITE IN THIS SPACE



03252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3044473	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

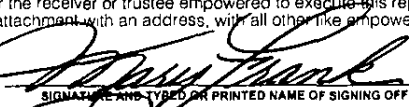
6. Name and Address of Current Registered Agent KATTMAN, JOHN F 4069 ATLANTIC BLVD JACKSONVILLE, FL 32207	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature (typed or printed name of registered agent and title if applicable)</small>	DATE 4/15/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U0000090686U 05/05/08-80015-009 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANK, MARY 8930 CHISWICK CT JACKSONVILLE, FL 322575207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1STV LIMER, ROGER 13440 GALLON FOX CIR W JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2NDV DAVENPORT, JERRY 1321 SAN MATEO AVE JACKSONVILLE, FL 322078841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3RDV WILLIS, DEBRA 802 PORT WINE LN JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGTA SWANSON, TOM 9838 OLD BAYBEADOWS RD #249 JACKSONVILLE, FL 322568101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4/15/08 (904) 733-7903 <small>Daytime Phone #</small>