

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011322

FILED
Apr 25, 2007
Secretary of State

Entity Name: FIRST COAST LIONS CHARITABLE TRUST OF FIRST COAST OF FLORIDA, INC.

Current Principal Place of Business:

6412 PUTNAM ST.
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

6412 PUTNAM ST.
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 04-3826791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEARES, WILLIAM R.
6412 PUTNAM ST.
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEARES, WILLIAM R
Address: 6412 PUTNAM ST
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP () Delete
Name: BRADFORD, DENNIS
Address: 2012 HOVINGTON CIR WEST
City-St-Zip: JACKSONVILLE, FL 32246

Title: S () Delete
Name: SWEIGART, NANCY
Address: 1848 WOODLEIGHT DR WEST
City-St-Zip: JACKSONVILLE, FL 32211

Title: T () Delete
Name: DOVER, TOMMY
Address: 6027 GREENBERRY LN
City-St-Zip: JACKSONVILLE, FL 32211

Title: TR () Delete
Name: STUART, JOHN R
Address: 10253 BRIARCLIFF RD EAST
City-St-Zip: JACKSONVILLE, FL 32218

Title: TR () Delete
Name: KNOFF, EDWARD L JR
Address: 5232 SHARON TER
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: WAGNER, HARRY
Address: 13659 DUNN CREEK R.D
City-St-Zip: JACKSONVILLE, FL 32218

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 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: TOMMY DOVER

T

04/25/2007

Electronic Signature of Signing Officer or Director

Date