


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90044 042 \*\*\*\*70.00

<b>DOCUMENT # N06000008607</b> 1. Entity Name <b>FIRST COAST BUSINESS LEADERSHIP NETWORK INC.</b>					
Principal Place of Business <b>2892 EAST PARK AVENUE</b> <b>2B</b> <b>TALLAHASSEE, FL 32301</b> <b>US</b>				Mailing Address <b>2892 EAST PARK AVENUE</b> <b>2B</b> <b>TALLAHASSEE, FL 32301</b> <b>US</b>	
2. Principal Place of Business - No P.O. Box # <b>2908 Capital Park Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>2908 Capital Park Dr</b> Suite, Apt. #, etc.			
City & State <b>Tallahassee, FL</b> Zip <b>32301</b>		City & State <b>Tallahassee, FL</b> Zip <b>32301</b>		4. FEI Number <b>20-5323162</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILSON, LESLIE</b> <b>2892 EAST PARK AVENUE</b> <b>2B</b> <b>TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name <b>Leslie Wilson</b> Street Address (P.O. Box Number is Not Acceptable) <b>2908 Capital Park Dr.</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32301</b>	
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 <u>Leslie Wilson</u> <u>Leslie Wilson</u> <u>1/26/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WAGNER, JOHN</b> <b>4800 DEERWOOD CAMPUS PARKWAY</b> <b>JACKSONVILLE, FL 32256</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>OAKLEY, CHRIS L</b> <b>P.O. BOX 929</b> <b>JACKSONVILLE, FL 32231</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T</b> <b>PLUMMER, LINDA</b> <b>12866 HUNTLEY MANOR DRIVE</b> <b>JACKSONVILLE, FL 32224</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <u>Linda Plummer</u>    <u>Linda Plummer</u>    <u>1/16/07</u>    <u>904-223-5505</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					