2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008607

FILED Mar 24, 2009 Secretary of State

Entity Name: FIRST COAST BUSINESS LEADERSHIP NETWORK INC.

Current Principal Place of Business: New Principal Place of Business: 2908 CAPITAL PARK DRIVE TALLAHASSEE, FL 32301 LIS **Current Mailing Address: New Mailing Address:** 2908 CAPITAL PARK DRIVE TALLAHASSEE, FL 32301 US FEI Number: 20-5323162 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILSON, LESLIE 2908 CAPITAL PARK DRIVE TALLAHASSEE, FL 32301 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition WAGNER, JOHN WAGNER, JOHN Name: Name: 4800 DEERWOOD CAMPUS PARKWAY Address: 4800 DEERWOOD CAMPUS PARKWAY Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256 Title: Title: (X) Change () Addition () Delete OAKLEY, CHRIS L Name: OAKLEY, CHRIS L Name: Address: P.O. BOX 929 Address: P.O. BOX 929 City-St-Zip: JACKSONVILLE, FL 32231 City-St-Zip: JACKSONVILLE, FL 32231 Title: () Delete Title: (X) Change () Addition PLUMMER, LINDA MCMULLAN, ROSEMARY Name: Name: 12866 HUNTLEY MANOR DRIVE 3809 MICHAELS LANDING CIRCLE EAST Address: Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32224 Title: () Delete Title: S/T () Change (X) Addition Name: Name: LONG, BRYAN M 13144 BLACKHAWK TRAIL COURT Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32225 Title: () Delete Title: () Change (X) Addition PLUMMER, LINDA Name: Name: 12866 HUNTLEY MANOR DRIVE Address: Address: JACKSONVILLE, FL 32224 City-St-Zip: 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: BRYAN M. LONG S/T 03/24/2009