2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007
Secretary of State

DOCUMENT# N06000010068

Entity Name: 1ST COAST FAMILIES FOUNDATION, INC.

Current Principal Place of Business:

3992 REDS GAIT LANE
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

3992 REDS GAIT LANE
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARSHALL, CAROL E
3992 REDS GAIT LANE
JACKSONVILLE, FL 32223 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: PD ( ) Delete
Name: MARSHALL, CAROL
Address: 3992 REDS GAIT LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: VD ( ) Delete
Name: MILLER, PAULA
Address: 2512 MARLIN CT.
City-St-Zip: MILLDLEBURG, FL 32065

Title: TD ( ) Delete
Name: MARSHALL, JOE
Address: 3992 REDS GAIT LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD ( ) Delete
Name: MILLER, DARCY
Address: 2512 MARLIN CT.
City-St-Zip: MILLDLEBURG, FL 32065

Title: D ( ) Delete
Name: STIVERS, PAREE M
Address: 4620 ONION CREEK CT.
City-St-Zip: ELKSTON, FL 32033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JOE MARSHALL TD 02/06/2007

Electronic Signature of Signing Officer or Director — Date