

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003034

FILED
Feb 01, 2008
Secretary of State

Entity Name: FIRST COAST COACHES ASSOCIATION, INC.

Current Principal Place of Business:

158 ANNANDALE DR E
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

158 ANNANDALE DR E
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 01-0621229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THODE, DEBORAH
158 ANNANDALE DR E
JACKSONVILLE, FL 32225 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: HARIDAN, FLORENCE
Address: 10240 ELDERBERRY CT
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP () Delete
Name: BEAMAN, P. DALE
Address: 13931 SPOONBILL STREET NORTH
City-St-Zip: JACKSONVILLE, FL 32224

Title: ST () Delete
Name: THODE, DEBORAH
Address: 158 ANNANDALE DR E
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BEAMAN, P. DALE
Address: 13931 SPOONBILL STREET NORTH
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP (X) Change () Addition
Name: HARIDAN, FLORENCE
Address: 10240 ELDERBERRY CT
City-St-Zip: JACKSONVILLE, FL 32257

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: DEBORAH L THODE

ST

02/01/2008

Electronic Signature of Signing Officer or Director

Date