

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011935

FILED  
Feb 06, 2008  
Secretary of State

**Entity Name:** FIRST COAST TRAVELERS CORPORATION

**Current Principal Place of Business:**

4420 HOOD ROAD  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

4420 HOOD ROAD  
JACKSONVILLE, FL 32257

**New Mailing Address:**

**FEI Number:** 26-1519686

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURKE CPA, ROBERT E  
3000 HARTLEY ROAD  
SUITE 7  
JACKSONVILLE, FL 32257 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: BUCHANAN, SAMUEL  
Address: 4420 HOOD ROAD  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: T ( ) Change (X) Addition  
Name: THOMAS, KONRUFF  
Address: 564 AQUARIUS CONCOURSE  
City-St-Zip: ORANGE PARK, FL 32046

Title: S ( ) Change (X) Addition  
Name: VERNON, SMITH  
Address: 2307 CONCILIATION LN  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: SAMUEL BUCHANAN

P

02/06/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date