

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008794

FILED
Apr 29, 2009
Secretary of State

Entity Name: RMA FIRST COAST CHAPTER CORP.

Current Principal Place of Business:

1779 PLANTATION OAKS DRIVE
JACKSONVILLE, FL 32223

New Principal Place of Business:

10245 CENTURION PARKWAY
SUITE 200
JACKSONVILLE, FL 32003

Current Mailing Address:

1779 PLANTATION OAKS DRIVE
JACKSONVILLE, FL 32223

New Mailing Address:

10245 CENTURION PARKWAY
SUITE 200
JACKSONVILLE, FL 32256

FEI Number: 26-2872911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANDOWSKI, JERRY
1779 PLANTATION OAKS DRIVE
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

LEE, SHANNON
10245 CENTURION PARKWAY
SUITE 200
JACKSONVILLE, FL 32256 US

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: SHANNON LEE

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LANDOWSKI, JERRY
Address: 1779 PLANTATION OAKS DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

Title: V () Delete
Name: CRAFT, JENNY
Address: 501 RIVERSIDE 11TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: S () Delete
Name: HAYS, ASHLEY
Address: 100 NORTH LAURA ST. JAKSONVILLE BANK
City-St-Zip: JACKSONVILLE, FL 32202

Title: T () Delete
Name: LEE, SHANNON
Address: 10245 CENTURIAN PKWY., REGIONS BANK 2ND FL
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CRAFT, JENNIFER
Address: 501 RIVERSIDE AVENUE, 11TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP (X) Change () Addition
Name: HAYS, ASHLEY
Address: 100 NORTH LAURA STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: S (X) Change () Addition
Name: LEE, SHANNON
Address: 10245 CENTURION PARKWAY, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32256

Title: T (X) Change () Addition
Name: WHEELER, DONNA
Address: 1300 RIVERPLACE BOULEVARD, SUITE 105
City-St-Zip: JACKSONVILLE, FL 32207

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: SHANNON LEE

S

04/29/2009

Electronic Signature of Signing Officer or Director

Date