

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008634

FILED
Mar 21, 2011
Secretary of State

Entity Name: FIRST COAST WORKSITE WELLNESS COUNCIL, INC.

Current Principal Place of Business:

397 MAPLEWOOD DRIVE
JACKSONVILLE, FL 32259 US

New Principal Place of Business:

9252 SAN JOSE BLVD
SUITE 2401
JACKSONVILLE, FL 322575599 US

Current Mailing Address:

1526 UNIVERSITY BOULEVARD WEST
SUITE 444
JACKSONVILLE, FL 32217 US

New Mailing Address:

9252 SAN JOSE BLVD
SUITE 2401
JACKSONVILLE, FL 322575599 US

FEI Number: 27-0974577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINNIE, MICHAEL J
397 MAPLEWOOD DRIVE
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

FINNIE, MICHAEL J
9252 SAN JOSE BLVD
SUITE 2401
JACKSONVILLE, FL 322575599 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: DORETTE NYSEWANDER, EDD

03/21/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C
Name: FINNIE, MICHAEL J
Address: 9252 SAN JOSE BLVD SUITE 2401
City-St-Zip: JACKSONVILLE, FL 322575599 US

Title: VC
Name: MARZEC, JIM
Address: 1467 COURSEVIEW DRIVE
City-St-Zip: ORANGE PARK, FL 32003 US

Title: BD
Name: NYSEWANDER, DORETTE M EDD
Address: 1650 MARGARET STREET SUITE 302-342
City-St-Zip: JACKSONVILLE, FL 32204 US

I hereby 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 all other like empowered.

SIGNATURE: DORETTE NYSEWANDER, EDD

BD

03/21/2011

Electronic Signature of Signing Officer or Director

Date