2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N13000009753

Entity Name: FIRST COAST CHAPTER OF ACHMM, INC.

Current Principal Place of Business:

8933 WESTERN WAY, SUITE 12
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

8933 WESTERN WAY, SUITE 12
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 76-0713983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARWELL, GLENN R III
5011 TAYLOR CREEK DRIVE
JACKSONVILLE, FL 32258 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CARWELL, GLENN R III
Address: 5011 TAYLOR CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

Title: VPD ( ) Delete
Name: ELLIOTT, HOWARD R
Address: 141 SAWMILL LAKES BLVD.
City-St-Zip: PONTE VEDRA, FL 32082

Title: SD ( ) Delete
Name: SHEASLEY, JASON C
Address: 13 SAILFISH ROAD
City-St-Zip: PONTE VEDRA, FL 32082

Title: TD ( ) Delete
Name: SESSION, CHARLENE
Address: 10616 N 23RD STREET
City-St-Zip: JACKSONVILLE BEACH, FL 322502354

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

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: TD (X) Change ( ) Addition
Name: SESSIONS, CHARLENE
Address: 10616 N 23RD STREET
City-St-Zip: JACKSONVILLE BEACH, FL 322502354

Title: SD ( ) Change (X) Addition
Name: HENDEL, LORI A
Address: 405 TORTOISE TRACE
City-St-Zip: JACKSONVILLE, FL 32259 54

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLENE E. SESSIONS TD 04/30/2004
Electronic Signature of Signing Officer or Director — Date