2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

LAIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # N21835

1. Entity Name

FIRST COAST BLACK BUSINESS INVESTMENT CORPORATION

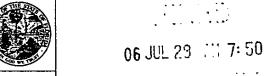
Principal Place of Business

Mailing Address

2933 MYRTLE AVE NORTH JACKSONVILLE, FL 32209

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07052006 No Chg-NP

CR2E037 (4/06)

<u>904-634-054</u>3

. FEI Number		Applied For
59-2846145		Not Applicable
i. Certificate of Status Desired	\$8.75	Additional

6. Name and Address of Current Registered Agent

NELSON, TONY D. 2933 MYRTLE AVE NORTH JACKSONVILLE, FL 32209

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8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature requ					DATE	
Filing Fee is \$61.25 Due by September 6, 2006 9. Election Campaign Finance Trust Fund Contribution.			sing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NELSON, TONY D 2933 MYRTLE AVE NORTH JACKSONVILLE, FL 32209					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWBILL, FRED 2933 MYRTLE AVE NORTH JACKSONVILLE, FL 32209				00078528786 99/0601050018 **1033.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AXMEN, DENNY 2933 MYRTLE AVE NORTH JACKSONVILLE, FL 32209		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GRIGGS, CHARLES 218 W ADAMS ST, #504 JACKSONVILLE, FL 32202			IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recover or the tee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attacprent with an address with all other line empowered.						