2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

61.25

DOCUMENT # N21835

1. Entity Name
FIRST COAST BLACK BUSINESS INVESTMENT CORPORATION

06 JUL 29 AM 7:50

Principal Place of Business	Mailing Address
2933 MYRTLE AVE NORTH JACKSONVILLE, FL 32209	2933 MYRTLE AVE NORTH JACKSONVILLE, FL 32209

07052006 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2846145
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NELSON, TONY D
STREET ADDRESS	2933 MYRTLE AVE NORTH
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	D
NAME	NEWBILL, FRED
STREET ADDRESS	2933 MYRTLE AVE NORTH
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	D
NAME	AXMEN, DENNY
STREET ADDRESS	2933 MYRTLE AVE NORTH
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	DT
NAME	GRIGGS, CHARLES
STREET ADDRESS	218 W ADAMS ST, #504
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 receiver or trustee 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 attachment with an address, with all other like empowered.

SIGNATURE: _____ 7/24/06 904-634-0543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #