2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N21835

1. Entity Name FIRST COAST BLACK BUSINESS INVESTMENT CORPORATION



					We WE TO					
2933 MYRTLE AVE NORTH 293		2933	Mailing Address 2933 MYRTLE AVE NORTH IACKSONVILLE, FL 32209			\$001.(23.				
2. Principal P	lace of Business - No P.O. Box #	3. Maili	ng Address							
Suite, Apt. #, etc. S		Şui	Suite, Apt. #, etc.			01032008 Ch	g-NP	CR2E03	37 (12/06)	
City & State		City	City & State		4. FEI Number Applied For 59-2846145 Not Applicable					
		Zip			у	5. Certificate of Sta	itus Desired		\$8.75 Addi Fee Required	
	6. Name and Address of Current	t Registere	d Agent			7. Name and Addr	ess of New R	egistered /	Agent	
NELSON,					Name	(D.O. D N				
	TLE AVE NORTH VILLE, FL 32209			Į.	Street Address	s (P.O. Box Number is N	iot Acceptable	*)		
				(City			FL	Zip Code	e
									<u> </u>	
	named entity submits this statement fions of registered agent.	or the purpo	ose of changing its	registered	office or regist	tered agent, or both, in I	the State of Fio	orida. I am	familiar with,	and accept
ine obligat	lions of registered agent.			-						
SIGNATURE			$\overline{}$							
SIGNATURE	Signature, typed or or tited name of registered agen	nt and title if app	icable. (NOTE	E: Registered Ac	er i signature requi	ired when reinstating)		DATE		
									a mariable to	_
	Filing Fee is \$61.25 Due by May 1, 2008		9. Election Can Trust Fund C		· —	\$5.00 May Be Added to Fees	Flor	ida Depar	k payable to tment of St	ate
10.	, -	PIRECTORS			· —		Flor	ida Depar	tment of St	ate
10.	Due by May 1, 2008	PIRECTORS		Contribution	· —	Added to Fees	Flor	ida Depar	tment of St	ate
	OFFICERS AND D PD NELSON, TONY D		Trust Fund C	211.	· —	Added to Fees	Flor	ida Depar	tment of St	10
TITLE	OFFICERS AND D		Trust Fund C	11. TITLE NAME STREET	ADDRESS	Added to Fees	Flor	ida Depar	tment of St	10
TITLE NAME	OFFICERS AND D PD NELSON, TONY D		Trust Fund C	11. TITLE NAME	ADDRESS	Added to Fees	Flor	ida Depar	tment of St	10
TITLE NAME STREET ADDRESS	Due by May 1, 2008 OFFICERS AND D PD NELSON, TONY D 2933 MYRTLE AVE NORTH: JACKSONVILLE, FL 32209 D		Trust Fund C	11. TITLE NAME STREET A CITY-SI	ADDRESS	Added to Fees	Flor	ida Depar	tment of St	10
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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 accurage 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 an other like empowered.

CITY-ST-ZIP

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED

Feb 04, 2008 8:00 am Secretary of State

02-04-2008 90049 028 ****61.25