

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

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

DOCUMENT # N21835	
1. Entity Name FIRST COAST BLACK BUSINESS INVESTMENT CORPORATION	

Principal Place of Business 2933 MYRTLE AVE NORTH JACKSONVILLE, FL 32209	Mailing Address 2933 MYRTLE AVE NORTH JACKSONVILLE, FL 32209
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40017331

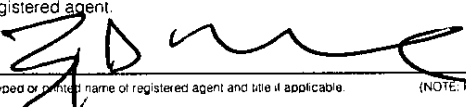


01032008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2846145	Applied For ☐ Not Applicable
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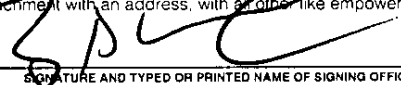
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NELSON, TONY D. 2933 MYRTLE AVE NORTH JACKSONVILLE, FL 32209		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	NELSON, TONY D			NAME			
STREET ADDRESS	2933 MYRTLE AVE NORTH			STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE, FL 32209			CITY - ST - ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	NEWBILL, FRED			NAME			
STREET ADDRESS	2933 MYRTLE AVE NORTH			STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE, FL 32209			CITY - ST - ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	AXMEN, DENNY			NAME			
STREET ADDRESS	2933 MYRTLE AVE NORTH			STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE, FL 32209			CITY - ST - ZIP			
TITLE	DT	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	GRIGGS, CHARLES			NAME			
STREET ADDRESS	218 W ADAMS ST, #504			STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE, FL 32202			CITY - ST - ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				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 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.	
SIGNATURE: 	DATE