2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 19, 2006 8:00 am Secretary of State

1. Entity Name	MENT # N40617 FOR CHILDREN OF THE F	IRST CO	OAST, INC.	٠,				07-19-2	006 90003	038	51.25
Principal Place of Business 220 E BAY ST 6TH FLOOR JACKSONVILLE, FL 32202 US Mailing Address PO BOX 10198 JACKSONVILLE, FL 32247					JS			00,999)		ELBIT BIBIT BIBIT BIZ	!! !!!!! !!!
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.					07142006	Chg-NP	CR28	E037 (4/06)	
City & State		City & State					4. FEI Numb 59-304				plied For at Applicable
Zip	Country	Žip	Zip Co.		ntry		5. Certificate	of Status Desir	ed 🛚	\$8.75 Add	litional
	6. Name and Address of Current	Registered	Agent				7. Name and	Address of N	ew Registered	l Agent	
	ON ERLIN PARK BLVD VILLE, FL 32256				Name Street A	ddress (F	P.O. Box Numb	er is Not Accep	otable)		
					City				F	Zip Cod	е
the obligati	named entity submits this statement fo ions of registered agent.	or the purpor	se of changing its	registere	ed office o	r register	ed agent, or bo	oth, in the State	of Florida. I ar	n familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applic	able. (NOTE	E: Registered	d Agent signat	ure required	when reinstating)		DATE		
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 ue by September 6, 2006	and title if applic	9. Election Can Trust Fund C	mpaign F	inancing		\$5.00 May Added to Fees	Be 3	Make che	ck payable to	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-06 Date

904-396-2288

Daytime Phone #