

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90021 039 \*\*\*\*61.25

<b>DOCUMENT # N40617</b> 1. Entity Name <b>VOICES FOR CHILDREN OF THE FIRST COAST, INC.</b>					
Principal Place of Business <b>220 E BAY ST 6TH FLOOR JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>PO BOX 10198 JACKSONVILLE, FL 32247 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>QUICK, DON 243 FLORES WAY JACKSONVILLE, FL 32259</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number <b>59-3044475</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>					
\$5.00 May Be Added to Fees					
Make check payable to Florida Department of State					
Filing Fee is \$61.25 Due by May 1, 2008					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SHIELDS, PAULA 2874 SAN FERNANDO RD JACKSONVILLE, FL 32217				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD VANDERBILT, FRED 8118 SEVEN MILE DR PONTE VEDRA BEACH, FL 32082				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WAGENER, JOHN 8293 SEVEN MILE DR. PONTE VEDRA BEACH, FL 32082				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FANE, GARY 12955 CURT DR JACKSONVILLE, FL 32223				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
Change Addition					
Change Addition					
Change Addition					
Change Addition					
Change Addition					
Change Addition					
Change Addition					
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: <i>GARY R. FANE</i> <b>GARY R. FANE</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
1/25/2008 904-994-3447					
Date Daytime Phone #					