## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # N40617  1. Entity Name VOICES FOR CHILDREN OF THE FIRST COAST, INC.						90021 039 *		
Principal Place of Business 220 E BAY ST 6TH FLOOR JACKSONVILLE, FL 32202 US  Mailing Address PO BOX 10198 JACKSONVILLE, FL 32247 US			7 US			FI 01811 01814 01815 9);		#181 81 1 <b>3</b> 51
Principal Place of Business - No P.O. Box # 3. 1		3. Mailing Address	i, Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		hg-NP	CR2E037 (	12/06)	
City & State		City & State	City & State		4. FEI Number Applied For 59-3044475 Not Applicable			
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired	□ \$8 Fee	75 Add Required	litional d
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New I	Registered Age	<u>nt</u>	
QUICK, D			Name	:- 0 0 11				
243 FLOR JACKSON	ES WAY IVILLE, FL 32259		Street Address		Not Acceptable	e) 		<u></u>
			City			FL	Zip Code	
	named entity submits this statement for tions of registered agent.	or the purpose of changing its re	gistered office or regis	stered agent, or both, in	the State of F	orida. I am fami	iliar with,	and accept
1 110 00	tions of registeres again.							
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: R	degistered Agent signature requ	med when reinstating)	1	DATE		
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees		fake check partine		
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be	Flo	fake check partine	int of St	late
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI	9. Election Camp Trust Fund Cor	algn Financing ntribution.	\$5.00 May Be Added to Fees	Flo	fake check partine	int of St	late
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12. I hereby certify that the information supplied with this filling 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 regeliver or trustee empowered to execute this report as required by Chapter 817, 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:

Sky R Jave GARY R. FANE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2008 904-994-344