2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2009
Secretary of State

DOCUMENT# N40617

Entity Name: VOICES FOR CHILDREN OF THE FIRST COAST, INC.

Current Principal Place of Business:

220 E BAY ST
6TH FLOOR
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

220 E BAY ST
SECOND FLOOR
JACKSONVILLE, FL 32202 US

Current Mailing Address:

PO BOX 10198
JACKSONVILLE, FL 32247 US

New Mailing Address:

FEI Number: 59-3044475 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUICK, DON
243 FLORES WAY
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: SHIELDS, PAULA
Address: 2874 SAN FERNANDO RD
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: VD ( ) Delete
Name: VANDERBILT, FRED
Address: 8118 SEVEN MILE DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: PD ( ) Delete
Name: WAGENER, JOHN
Address: 8293 SEVEN MILE DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: TD ( ) Delete
Name: FANE, GARY
Address: 12955 CURT DR
City-St-Zip: JACKSONVILLE, FL 32223 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY R. FANE TD 03/01/2009
Electronic Signature of Signing Officer or Director — Date