

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90193 040 \*\*\*\*61.25

**DOCUMENT # N51379**

1. Entity Name  
**FIRST THINGS FIRST INC.**



Principal Place of Business  
**2677 FOREST HILL BLVD  
SUITE 108  
WEST PALM BEACH, FL 33406**

Mailing Address  
**2677 FOREST HILL BLVD  
SUITE 108  
WEST PALM BEACH, FL 33406**

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0416778**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TOCCI, THOMAS  
6915 TRADEWINDS WAY  
LANTANA, FL 33462**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TOCCI, THOMAS	
STREET ADDRESS	6915 TRADEWINDS WAY	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FISHE, JOSEPH	
STREET ADDRESS	202 LAKE OSBORNE ROAD	
CITY-ST-ZIP	LAKE WORTH, FL 33462	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DUNN, VICKIE	
STREET ADDRESS	895 SUMTER ROAD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARSONS, CHAD	
STREET ADDRESS	2677 FOREST HILL BLVD.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COBB, SCOTT	
STREET ADDRESS	4670 TODD STREET	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUSKEY, LAURA	
STREET ADDRESS	709 OMAR RD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHINER, MARCIA	
STREET ADDRESS	P.O. BOX 21335	
CITY-ST-ZIP	WEST PALM BEACH, FL 33410	
TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COUNES, MICHAEL	
STREET ADDRESS	511 40th Street	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
TITLE	TRUSTEE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEDLUND, ROGER	
STREET ADDRESS	6 SMITH CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Laura Huskey* **LAURA HUSKEY** 4/8/05 5615411830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #