

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001255

FILED  
Feb 17, 2010  
Secretary of State

**Entity Name:** AFP FLORIDA FIRST COAST CHAPTER, INC.

**Current Principal Place of Business:**

5375 ORTEGA FARMS BLVD  
UNIT 505  
JACKSONVILLE, FL 32210 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 43024  
JACKSONVILLE, FL 32203 US

**New Mailing Address:**

**FEI Number:** 59-2759167

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOWARD & COMPANY, CPA'S, PA  
4348 SOUTHPOINT BOULEVARD  
SUITE 320  
JACKSONVILLE, FL 32216 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:** PP  
**Name:** ROBINSON, TOUREA  
**Address:** PO BOX 43024  
**City-St-Zip:** JACKSONVILLE, FL 32203

**Title:** P  
**Name:** COREY, HEATHER  
**Address:** PO BOX 43024  
**City-St-Zip:** JACKSONVILLE, FL 32203

**Title:** PELE  
**Name:** ZMROCZEK, JOSH  
**Address:** PO BOX 43024  
**City-St-Zip:** JACKSONVILLE, FL 32203

**Title:** VPM  
**Name:** BUEKER, JAMI  
**Address:** PO BOX 43024  
**City-St-Zip:** JACKSONVILLE, FL 32203

**Title:** VPED  
**Name:** GANGER, BRUCE  
**Address:** PO BOX 43024  
**City-St-Zip:** JACKSONVILLE, FL 32203

**Title:** ADMN  
**Name:** MATTOX, KELLY  
**Address:** 5375 ORTEGA FARMS BLVD #505  
**City-St-Zip:** JACKSONVILLE, FL 32210

I hereby 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 all other like empowered.

**SIGNATURE:** KELLY MATTOX

ADMN

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date