# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 15, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # N93000001579

1. Entity Name
FIRST COAST REGION MARC/MAFCA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 471 SIGSBEE ROAD<br>ORANGE PARK, FL 32073 US | P. O. BOX 2889<br>ORANGE PARK, FL 32067 US |

01112004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COLEMAN, HENRY A
744 ARRAN COURT
ORANGE PARK, FL 32073

**DO NOT WRITE IN THIS SPACE**

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, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | BARKER, DENNIS |
| STREET ADDRESS | 569 SARATOGA STREET |
| CITY-ST-ZIP | ORANGE PARK, FL 32073 |
| TITLE | D |
| NAME | HOUGHIN, SHIRLEY |
| STREET ADDRESS | 14155 MT. PLEASANT ROAD |
| CITY-ST-ZIP | JACKSONVILLE, FL 32225 |
| TITLE | D |
| NAME | COLEMAN, HENRY |
| STREET ADDRESS | 744 ARRON CT |
| CITY ST ZIP | ORANGE PARK, FL 32073 |
| TITLE | D |
| NAME | ULRICH, NANCY |
| STREET ADDRESS | 11863 MANDARIN FOREST DR. |
| CITY ST ZIP | JACKSONVILLE, FL 32223 |
| TITLE | D |
| NAME | BURGHART, KARL |
| STREET ADDRESS | 471SIGSBEE ROAD |
| CITY-ST-ZIP | ORANGE PARK, FL 32073 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

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01/15/04-80039-014 61.25

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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:** Henry A Coleman Henry A Coleman Sr. Jan 10, 2004 (904) 272-3174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #