2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State
02-07-2005 90080 024 ****61.25

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

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

4UU14777

02022005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
2152 GINHOUSE DR	471 SIGSBEE RD
Suite, Apt. #, etc.: MOD	Suite, Apt. #, etc.
City & State: MIDDLEBURG FL	City & State: ORANGE PARK FL
Zip: 32068 Country: CLAY	Zip: 32073 Country: CLAY

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	7. Name and Address of New Registered Agent
COLEMAN, HENRY A 744 ARRAN COURT ORANGE PARK, FL 32073	Name: WINIFRED BURGHART Street Address (P.O. Box Number is Not Acceptable): 471 SIGSBEE RD City: ORANGE PARK FL Zip Code: 32073

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: WINIFRED BURGHART, TREASURER Winifred Burghart FEB 2, 2005
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARKER, DENNIS 569 SARATOGA STREET ORANGE PARK, FL 32073	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WINIFRED BURGHART 471 SIGSBEE RD ORANGE PARK FL 32073	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D C HOUGHIN, SHIRLEY 14155 MT. PLEASANT ROAD JACKSONVILLE, FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAUL HOLSAPFEL 2152 GINHOUSE DR. MIDDLEBURG FL 32068	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLEMAN, HENRY 744 ARRON CT ORANGE PARK, FL 32073	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LES BECKER 24777 GROVE ST. LAWTEY FL 32058	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ULRICH, NANCY 11863 MANDARIN FOREST DR. JACKSONVILLE, FL 32223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURGHART, KARL 471SIGSBEE ROAD ORANGE PARK, FL 32073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Winifred Burghart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #