


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90017 030 \*\*\*\*61.25

<b>DOCUMENT # N93000001579</b>	
1. Entity Name <b>FIRST COAST REGION MARC/MAFCA, INC.</b>	

Principal Place of Business <b>2152 GINHOUSE DR MIDDLEBURG FL 32068 US</b>	Mailing Address <b>471 SIGSBEE RD ORANGE PARK FL 32073 US</b>
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2. Principal Place of Business		3. Mailing Address <b>5949 Shelly Lane</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Macklenny FL</b>	
Zip	Country	Zip <b>FL 32063</b>	Country <b>3 Baker</b>



1st MOORE CR2E037 (10/05)

4. FEI Number <b>NO-T APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent <b>BURGHART, WINIFRED 471 SIGSBEE RD ORANGE PARK FL 32073</b>		7. Name and Address of New Registered Agent Name <b>Patricia Collier</b> Street Address (P.O. Box Number is Not Acceptable) <b>5949 Shelly Lane</b> City <b>Macklenny FL</b> Zip Code <b>32063</b>	
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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 *Patricia Collier* **Patricia Collier** **Treasurer** **11/18/06**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BURGHART, WINIFRED 471 SIGSBEE RD ORANGE PARK FL 32073</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Patricia Collier 5949 Shelly Lane Macklenny FL 32063</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOUGHIN, SHIRLEY 14155 MT. PLEASANT ROAD JACKSONVILLE FL 32225</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOLSAPFEL, PAUL 2152 GWHOUSE DR MIDDLEBURG FL 32068</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2152 Ginhouse Drive</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BECKER, LES 24777 GROVE ST LAWTEY FL 32058</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BURGHART, KARL 471SIGSBEE ROAD ORANGE PARK FL 32073</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Patricia Collier* **Patricia Collier** **Treasurer** **11/18/06** **904-259-6064**