2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000001579

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

Principal Place of Business	Mailing Address
2152 GINHOUSE DR MIDDLEBURG, FL 32068 US	5949 SHELLY LANE MACCLENNY, FL 32063 US

01052007 No Chg-NP CR2E037 (4/06)

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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

COLLIER, PATRICIA
5949 SHELLY LN
MACCLENNY, FL 32063

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COLLIER, PATRICIA
STREET ADDRESS	5949 SHELLY LN
CITY-ST-ZIP	MACCLENNY, FL 32063
TITLE	D
NAME	HOUGHIN, SHIRLEY
STREET ADDRESS	14155 MT. PLEASANT ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	D
NAME	HOLSAPFEL, PAUL
STREET ADDRESS	2152 GIRHOUSE DR
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	D
NAME	BECKER, LES
STREET ADDRESS	24777 GROVE ST
CITY-ST-ZIP	LAWTEY, FL 32058
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/07-80041-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 1/5/07 904-259-6064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #