

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90033 032 \*\*\*\*61.25

**DOCUMENT # N93000001579**

1. Entity Name

FIRST COAST REGION MARC/MAFCA, INC.



Principal Place of Business

2152 GINHOUSE DR  
MIDDLEBURG, FL 32068 US

Mailing Address

5949 SHELLY LANE  
MACCLENNY, FL 32063 US



01202008 No Chg-NP

CR2E037 (4/06)

**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

COLLIER, PATRICIA  
5949 SHELLY LN  
MACCLENNY, FL 32063

**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, 2008**

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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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Patricia Collier*

1/21/08

904-259-6004