2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002998

FILED Jan 09, 2006 Secretary of State

Entity Name: FIRST COAST FAMILY AND HOUSING FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2572 ATLANTIC BLVD JACKSONVILLE, FL 32207 LIS **Current Mailing Address: New Mailing Address:** 2572 ATLANTIC BLVD JACKSONVILLE, FL 32207 US FEI Number: 59-3206820 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAMM, MARY-PARKER 2572 ATLANTIC BLVD. JACKSONVILLE, FL 32207 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Delete (X) Change () Addition BRYANT, MICHEAL Name: JACKSON, RON Name: 1830 NORTH MAIN STREET Address: 14140 MANDARIN ROAD Address: City-St-Zip: JACKSONVILLE, FL 32206 City-St-Zip: JACKSONVILLE, FL 32223 Title: () Delete Title: (X) Change () Addition JACKSON, RON Name: MONTGOMERY, CYNTHIA Name: Address: 14140 MANDARIN ROAD Address: 50 NORTH LAURA STREET City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: JACKSONVILLE, FL 322202 Title: () Delete Title: () Change () Addition HAEHNEL, SUE Name: Name: 1748 ST. LAWERENCE WAY Address: Address: City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: Title: ED () Delete Title: () Change () Addition Name: LAMM, MARY-PARKER Name: 2572 ATLANTIC BLVD. Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: Title: () Delete Title: (X) Change () Addition JOHNS, BOB PELLOT, JIM Name: Name: 10445 INVERNESS DRIVE 3883 NORTH BRAMPTON ISLAND COURT Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32224 Title: () Delete Title: (X) Change () Addition GODDARD, DONNA JOHNS BOB Name: Name: Address: 3117 SPRING GLEN ROAD, #405 Address: 10445 INVERNESS DRIVE JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32257 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY PARKER LAMM ED 01/09/2006