

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002998

FILED
Feb 05, 2007
Secretary of State

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

Current Principal Place of Business:

2572 ATLANTIC BLVD.
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

2572 ATLANTIC BLVD.
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-3206820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMM, MARY-PARKER
2572 ATLANTIC BLVD.
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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:

Title: PRES () Delete
Name: JACKSON, RON
Address: 14140 MANDARIN ROAD
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP () Delete
Name: MONTGOMERY, CYNTHIA
Address: 50 NORTH LAURA STREET
City-St-Zip: JACKSONVILLE, FL 322202

Title: TR () Delete
Name: HAEHNEL, SUE
Address: 1748 ST. LAWRENCE WAY
City-St-Zip: JACKSONVILLE, FL 32223

Title: ED () Delete
Name: LAMM, MARY-PARKER
Address: 2572 ATLANTIC BLVD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: T () Delete
Name: PELLOT, JIM
Address: 3883 NORTH BRAMPTON ISLAND COURT
City-St-Zip: JACKSONVILLE, FL 32224

Title: T (X) Delete
Name: JOHNS, BOB
Address: 10445 INVERNESS DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CYNTHIA, MONTGOMERY
Address: 50 NORTH LAURA STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP (X) Change () Addition
Name: CAROL, MCCORMACK
Address: 10211 VINYARD LAKE ROAD E
City-St-Zip: JACKSONVILLE, FL 322256

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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

02/05/2007

Electronic Signature of Signing Officer or Director

Date