

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001106

FILED
Jan 26, 2004
Secretary of State

Entity Name: JUNIOR ACHIEVEMENT OF FLORIDA'S FIRST COAST, INC.

Current Principal Place of Business:

1801 ART MUSEUM DR
STE 101
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

1801 ART MUSEUM DR
STE 101
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-1021800 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST.AMAND, STEVE
1801 ART MUSEUM DRIVE
STE 101
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: DC () Delete
Name: SILICK, DAVID
Address: 1200 RIVERPLACE BLVD STE 201
City-St-Zip: JACKSONVILLE, FL 32207

Title: DC () Delete
Name: KOCH, WILLIAM
Address: 111 RIVERSIDE AVE STE 210
City-St-Zip: JACKSONVILLE, FL 32202

Title: DS () Delete
Name: CLEMENTS, MIKE
Address: P O BOX 51000
City-St-Zip: ATLANTIC BEACH, FL 32240

Title: P () Delete
Name: STAMAND, STEVE
Address: 1801 ART MUSEUM DRIVE, SUITE #101
City-St-Zip: JACKSONVILLE, FL 32207

Title: DT () Delete
Name: KALKEL, LAMAR
Address: 1301 RIVERPLACE BLVD. #400
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: DT (X) Change () Addition
Name: KALEEL, LAMAR
Address: 1301 RIVERPLACE BLVD. #400
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEVE ST. AMAND

P

01/26/2004

Electronic Signature of Signing Officer or Director

Date