

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001671

FILED
Jan 26, 2008
Secretary of State

Entity Name: FIRST COAST ROMANCE WRITERS, INC.

Current Principal Place of Business:

P. O. BOX 32465
JACKSONVILLE, FL 32237 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 32465
JACKSONVILLE, FL 32237 US

New Mailing Address:

FEI Number: 59-3225490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, E J MS.
2839 SOUTHAMPTON DRIVE
MIDDLEBURG, FL 32068 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: P () Delete
Name: WHREN, MERRILLE MS.
Address: 4450 TITLEIST DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: VP () Delete
Name: CROSS, PAMELMA J MS.
Address: 273 REDFISH CREEK DRIVE
City-St-Zip: ST AUGUSTINE, FL 32095 US

Title: T () Delete
Name: MILLER, E J MS.
Address: 2839 SOUTHAMPTON DRIVE
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: S () Delete
Name: DIAZ, LENA MS.
Address: 933 INDIAN RIVER ROAD
City-St-Zip: ST AUGUSTINE, FL 32092 US

Title: D () Delete
Name: TOOKE, ANITA L MS.
Address: 2831 WINDEMERE COUR
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: LANGLEY, SHEILA MS.
Address: P O BOX 350153
City-St-Zip: FRUIT COVE, FL 32235 US

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

Title: S (X) Change () Addition
Name: WOLFE, SHARON MS.
Address: 14078 SPANISH POINT DRIVE
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: M (X) Change () Addition
Name: BARNES, TRACEY MS.
Address: 96116 DURDEN ROAD
City-St-Zip: YULEE, FL 32097 US

Title: P-2 () Change (X) Addition
Name: MADDEN, SANDRA MS
Address: 1009 FLORA PARK DRIVE
City-St-Zip: FRUIT COVE, FL 32259 US

I hereby certify that the information supplied with this filing does not qualify 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: E J MILLER

T

01/26/2008

Electronic Signature of Signing Officer or Director

Date