


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90175 001 ****61.25

DOCUMENT # N94000004286

1. Entity Name
FIRST COAST WIND ENSEMBLE, INC.



Principal Place of Business
**1130 ACOSTA ST
 JACKSONVILLE, FL 32204**

Mailing Address
**1130 ACOSTA ST
 JACKSONVILLE, FL 32204**

2. Principal Place of Business - No P.O. Box #
3842 Musket Trail

3. Mailing Address
same

Suite, Apt. #, etc.

City & State
Jacksonville FL

City & State

Zip
32277

Country
USA

Zip Country



03272007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3301510

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KUZEL, CINDY A
 1130 ACOSTA ST
 JACKSONVILLE, FL 32204**

7. Name and Address of New Registered Agent
 Name **Roberta Moore**
 Street Address (P.O. Box Number is Not Acceptable)
150 Amherst Place
 City **Ponte Vedra** **FL** Zip Code **32081**

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 **Roberta Moore** DATE **4/23/07**

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, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOTEN, DEBORAH 5255 LOURCEY ROAD JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLS, JEFF 622 FILMORE ST., #107-B ORANGE PARK, FL 32065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KUZEL, CINDY 1130 ACOSTA STREET JACKSONVILLE, FL 32204 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD Roberta Moore 150 Amherst Place Ponte Vedra, FL 32081
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD BLACKWELL, EVELYN 420 CEDAR CREEK RD PALATKA, FL 321776917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOONE, STEVE 2305 RANGE CRESCENT CT ORANGE PARK, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Roberta Moore** DATE: **4/23/07** DAYTIME PHONE #: **904 727 2338**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #