


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90052 037 \*\*\*\*61.25

**DOCUMENT # N94000004286**

1. Entity Name  
**FIRST COAST WIND ENSEMBLE, INC.**



Principal Place of Business  
**3842 MUSKET TRAIL  
 JACKSONVILLE, FL 32277**

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



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

3. Mailing Address  
**3842 Musket Trail**

Suite, Apt. #, etc.

01082008 Chg-NP CR2E037 (12/06)

City & State  
**Jacksonville, FL**

City & State  
**Jacksonville, FL**

Zip  
**32277**

Country  
**Duval**

Zip  
**32277**

Country  
**Duval**

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**

**MOORE, ROBERT  
 150 AMHERST PLACE  
 PONTE VERDA, FL 32081**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 Roberta Moore 3/19/08 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME WOOTEN, DEBORAH	
STREET ADDRESS 5255 LOURCEY ROAD	
CITY-ST-ZIP JACKSONVILLE, FL 32257	
TITLE PD	<input checked="" type="checkbox"/> Delete
NAME MILLS, JEFF	
STREET ADDRESS 622 FILMORE ST., #107-B	
CITY-ST-ZIP ORANGE PARK, FL 32065	
TITLE TD	<input type="checkbox"/> Delete
NAME ROBERTA, MOORE	
STREET ADDRESS 150 AMHERST PLACE	
CITY-ST-ZIP PONTE VEDRA, FL 32081	
TITLE MD	<input checked="" type="checkbox"/> Delete
NAME BLACKWELL, EVELYN	
STREET ADDRESS 420 CEDAR CREEK RD	
CITY-ST-ZIP PALATKA, FL 321776917	
TITLE D	<input type="checkbox"/> Delete
NAME BOONE, STEVE	
STREET ADDRESS 2305 RANGE CRESCENT CT	
CITY-ST-ZIP ORANGE PARK, FL 32073	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Julie Badger	
STREET ADDRESS 6461 White Blossom Circle	
CITY-ST-ZIP Jacksonville, FL 32258	
TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Larry Shugart	
STREET ADDRESS 2153 SE Hawthorne Rd Suite 128	
CITY-ST-ZIP Gainesville, FL 32641	
TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Vladimir Paiva	
STREET ADDRESS 7760 Andes Dr	
CITY-ST-ZIP Jacksonville, FL 32244	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Susan May	
STREET ADDRESS 5925 Morse Ave	
CITY-ST-ZIP Jacksonville, FL 32244	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Rick Joyner	
STREET ADDRESS 989 16th St N	
CITY-ST-ZIP Jacksonville Beach, FL 32250-2781	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Gren Boyles	
STREET ADDRESS 4040 Woodcock Drive, suite 108	
CITY-ST-ZIP Jacksonville, FL 32207	

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 Roberta Moore 3/19/08 904 7272338 DATE Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR