

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004286

FILED
Mar 04, 2010
Secretary of State

Entity Name: FIRST COAST WIND ENSEMBLE, INC.

Current Principal Place of Business:

3842 MUSKET TRAIL
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

3842 MUSKET TRAIL
JACKSONVILLE, FL 32277

New Mailing Address:

FEI Number: 59-3301510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, ROBERTA
150 AMHERST PLACE
PONTE VERDA, FL 32081 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: S
Name: MCMARLIN, SUSAN
Address: 91 SEA WINDS LANE E
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D
Name: SHUGART, LARRY
Address: 5216 LOURCEY ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: TD
Name: ROBERTA, MOORE
Address: 150 AMHERST PLACE
City-St-Zip: PONTE VEDRA, FL 32081

Title: D
Name: MAY, SUSAN
Address: 5925 MORSE AVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: D
Name: CLIFTON, ARTIE
Address: 3842 MUSKET TRAIL
City-St-Zip: JACKSONVILLE, FL 32277

Title: D
Name: PAJE, VLADIMIR
Address: 7760 ANDES DRIVE
City-St-Zip: JACKSONVILLE, FL 32244 DU

I hereby 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 all other like empowered.

SIGNATURE: ROBERTA MOORE

TD

03/04/2010

Electronic Signature of Signing Officer or Director

Date