

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004903

FILED
Aug 19, 2005
Secretary of State

Entity Name: FIRST COAST CONSTRUCTION EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

6900 SOUTHPOINT DR. N.
STE 120
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6900 SOUTHPOINT DR. N.
STE 120
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3270799 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HASKELL, DAN
6900 SOUTHPOINT DR N.
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

TRITT, ARNOLD D JR
707 PENINSULAR PLACE
JACKSONVILLE, FL 32204 US

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: ARNOLD D TRITT JR

08/19/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: PATTON, JOHN
Address: 111 RIVERSIDE DR
City-St-Zip: JACKSONVILLE, FL 32202

Title: SD () Delete
Name: HOFFMAN, PAUL
Address: 4168 SOUTHPOINT PARKWAY
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: MICKLER, JUDD
Address: 10926 PATNEY COURT
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: CAMPBELL, JOHN
Address: 3772 KORI ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: OVERCASH, KEN
Address: 4235 ST. AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: SPENCER, DAVID
Address: 4856 VICTOR STREET
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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: DAN HASKELL

D

08/19/2005

Electronic Signature of Signing Officer or Director

Date