2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000004903

1. Entity Name
FIRST COAST CONSTRUCTION EDUCATION FOUNDATION, INC.

Principal Place of Business	Mailing Address
6900 SOUTHPOINT DR. N. STE 120 JACKSONVILLE, FL 32216	6900 SOUTHPOINT DR. N. STE 120 JACKSONVILLE, FL 32216

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01152007   No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
59-3270799	Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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
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

10.	OFFICERS AND DIRECTORS
TITLE	CD
NAME	PATTON, JOHN
STREET ADDRESS	111 RIVERSIDE DR
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	SD
NAME	HOFFMAN, PAUL
STREET ADDRESS	4168 SOUTHPOINT PARKWAY
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	D
NAME	MICKLER, JUDD
STREET ADDRESS	10926 PATNEY COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	D
NAME	CAMPBELL, JOHN
STREET ADDRESS	3772 KORI ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	D
NAME	OVERCASH, KEN
STREET ADDRESS	4235 ST. AUGUSTINE ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	SPENCER, DAVID
STREET ADDRESS	4856 VICTOR STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32207

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04/05/07-80023-013 61.25

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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: _Paul A. Hoffman_   3/10/07   (904) 296 - 2555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #