
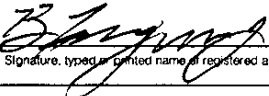



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90008 017 \*\*\*\*61.25

<b>DOCUMENT # N96000000779</b> 1. Entity Name <b>FIRST COAST WORKFORCE DEVELOPMENT, INC.</b>					
Principal Place of Business <b>2141 LOCH RANE BLVD. SUITE 107 ORANGE PARK, FL 32073</b>			Mailing Address <b>2141 LOCH RANE BLVD. SUITE 107 ORANGE PARK, FL 32073</b>		
2. Principal Place of Business - No P.O. Box # <b>1845 TOWN CENTER BLVD</b>		3. Mailing Address <b>1845 TOWN CENTER BLVD</b>			
Suite, Apt. #, etc. <b>SUITE 250</b>		Suite, Apt. #, etc. <b>SUITE 250</b>			
City & State <b>ORANGE PARK</b>		City & State <b>ORANGE PARK</b>		4. FEI Number <b>59-3385658</b>	
Zip <b>32003</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FERGUSON JR, BRUCE 2141 LOCH RANE BLVD. SUITE 107 ORANGE PARK, FL 32073</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  <b>BRUCE FERGUSON, JR PRESIDENT/CEO</b> <span style="float: right;">4/27/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <b>SCHICKEL, JOHN J</b> <input checked="" type="checkbox"/> Delete <b>136 E. BAY STREET</b> <b>JACKSONVILLE, FL 32210</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DANIELS, LAD</b> <b>117 W DUVAL STREET, STE 425</b> <b>JACKSONVILLE, FL 32202</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete <b>EDGERTON, EDA</b> <b>818 A1A NORTH, SUITE 206</b> <b>PONTE VEDRA BEACH, FL 32082</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CHAIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>CHAUNCEY, RAYMOND</b> <b>BUSINESS &amp; EMERGING TECHNOLOGY ACCELERATOR</b> <b>P.O. BOX 16480</b> <b>AMELIA ISLAND, FL 32035</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC <input type="checkbox"/> Delete <b>DANIELS, LAD</b> <b>117 W DUVAL ST STE 425</b> <b>JACKSONVILLE, FL 32202</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ROYAL, VAN</b> <b>MAGNOLIA POINT REALTY</b> <b>3616 MAGNOLIA POINT BLVD.</b> <b>GREEN COVE SPRINGS, FL 32043</b>	
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	
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	
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.					
<b>SIGNATURE:</b>  <b>BRUCE FERGUSON, JR PRESIDENT/CEO</b> <span style="float: right;">4/27/07</span> <span style="float: right;">(904) 213-3800</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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04262007 Chg-NP CR2E037 (12/06)