2006 NOT-FOR-PROFIT CORPORATION

Mar 30, 2006 8:00 am **ANNUAL REPORT (AR)** Secretary of State DOCUMENT # N96000005644 * 1. Entity Name 03-30-2006 90030 047 ****61.25 FLORIDA'S FIRST COAST HISPANIC CULTURAL DEVELOPMENT FUND CORP. Principal Place of Business Mailing Address 5121 BOWDEN ROAD 5121 BOWDEN ROAD SUITE 103 JACKSONVILLE FL 32216 SUITE 103 JACKSONVILLE FL 32216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3430733 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VARGAS, CLARK Street Address (P.O. Box Number is Not Acceptable) 5121 BOWDEN ROAD SUITE 103 JACKSONVILLE FL 32216 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change ■ Addition TITLE ☐ Delete TITLE VARGAS, CLARK NAME NAME 5121 BOWDEN ROAD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32216 CITY-ST-ZIP CITY-ST-ZIP VD Delete ☐ Change ☐ Addition TITLE TITLE HERNANDEZ, JORGE NAME NAME 6824 PHILLIPS PARKWAY DRIVE SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-7IP Delete TITLE TITLE Carrero-LPON 11181 milips ind Pkwy No. Jacksonville FL 32246 CARRERO, LEON NAME NAME STREET ADDRESS 11200-1 ST JOHNS IND PKWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32246 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

STREET ADDRESS CITY-\$T-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

NAME

FILED

Addition

Change