

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002875

Entity Name: FIRST COAST MICRO LOAN, INC.

FILED
Mar 25, 2004
Secretary of State

Current Principal Place of Business:

5000-3 NORWOOD AVENUE
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

5000-3 NORWOOD AVENUE
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 59-3447122 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALANKY, MICHAEL
5000-3 NORWOOD AVENUE
JACKSONVILLE, FL 32208 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: PD () Delete
Name: BALANKY, MICHAEL F
Address: 5865 UNIVERSITY BLVD W
City-St-Zip: JACKSONVILLE, FL 32216

Title: PD () Delete
Name: BALDWIN, BOB
Address: 3 INDEPENDENT AVE
City-St-Zip: JACKSONVILLE, FL 32202

Title: TD () Delete
Name: BEITZ, LYNETTE
Address: 3 INDEPENDENT AVE
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: DONALDSON, JANICE
Address: 4567 ST JOHNS BLUFF RD S
City-St-Zip: JACKSONVILLE, FL 32224

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: PD () Change (X) Addition
Name: BRYANT, MICHAEL
Address: 1131 N. LAURA STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: PD () Change (X) Addition
Name: MERVIN, AARON
Address: 1331-1 PALMDALE STREET
City-St-Zip: JACKSONVILLE, FL 32208

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: MICHAEL BALANKY

PD

03/25/2004

Electronic Signature of Signing Officer or Director

Date