

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # N97000002875

1. Entity Name

FIRST COAST MICRO LOAN, INC.



Principal Place of Business

5000-3 NORWOOD AVENUE
JACKSONVILLE, FL 32208

Mailing Address

5000-3 NORWOOD AVENUE
JACKSONVILLE, FL 32208



03012005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3447122

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BALANKY, MICHAEL
5000-3 NORWOOD AVENUE
JACKSONVILLE, FL 32208

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BALANKY, MICHAEL F
STREET ADDRESS 5865 UNIVERSITY BLVD W
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE PD
NAME BALDWIN, BOB
STREET ADDRESS 3 INDEPENDENT AVE
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE TD
NAME BEITZ, LYNETTE
STREET ADDRESS 3 INDEPENDENT AVE
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE D
NAME DONALDSON, JANICE
STREET ADDRESS 4567 ST JOHNS BLUFF RD S
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE PD
NAME BRYANT, MICHAEL
STREET ADDRESS 1131 N. LAURA STREET
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE PD
NAME MERVIN, AARON
STREET ADDRESS 1331-1 PALMDALE STREET
CITY-ST-ZIP JACKSONVILLE, FL 32208

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #