2006 NOT-FOR-PROFIT CORPORATION

FILED Apr 07, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N97000002875 04-07-2006 90029 012 ****61.25 FIRST COAST MICRO LOAN, INC. Principal Place of Business Mailing Address 1300 RIVERPLACE BLVD. 1300 RIVERPLACE BLVD. SUITE 105 SUITE 105 JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302006 CR2E037 (11/05) Chg-NP City & State 4. FEI Number 59-3447122 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WARREN, CLEVE 1300 RIVERPLACE BLVD. Street Address (P.O. Box Number is Not Acceptable) **SUITE 105** JACKSONVILLE, FL 32207 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Due by May 1, 2006 Trust Fund Contribution Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 CD TITLE ☐ Delete TITLE D ☐ Change ■ Addition BALANKY, MICHAEL F NAME NAME STREET ADDRESS 1300 RIVERPLACE BLVD., SUITE 400 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32207 CITY-ST-ZIP VCD TITLE Delete TITI F CD ☐ Channe 🛣 Addition BALDWIN, BOB NAME NAME Beaudry, Vicki 3 INDEPENDENT AVE STREET ADDRESS STREET ADDRESS 1750 S Fourteenth St. CITY-ST-ZIP JACKSONVILLE, FL 32202 CITY-ST-7IP Fernandina Beach FL 32034 PD TITLE □ Delete TITLE ☐ Change ■ Addition NAME WARREN, CLEVE NAME STREET ADDRESS 1300 RIVERPLACE BLVD., SUITE 105 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32207 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DONALDSON, JANICE NAME NAME STREET ADDRESS 4567 ST JOHNS BLUFF RD S STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32224 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition JOHNSON, HENRY NAME NAME STREET ADDRESS 2933 N. MRYTLE AVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32209 CITY-ST-ZIE VCD TITLE Delete TITLE Addition MERVIN, AARON Ireland, Lock NAME NAME STREET ADDRESS 1331-1 PALMDALE STREET STREET ADDRESS 13846 Atlantic Blvd #417

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 truetee 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 attacl

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SIGNATURE:

JACKSONVILLE, FL 32208

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING

Date Daytime Phone #

Jacksonville FL 32225