

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002875

FILED
Apr 10, 2009
Secretary of State

Entity Name: FIRST COAST MICRO LOAN, INC.

Current Principal Place of Business:

1300 RIVERPLACE BLVD.
SUITE 105
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1300 RIVERPLACE BLVD.
SUITE 105
JACKSONVILLE, FL 32207

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:

WARREN, CLEVE
1300 RIVERPLACE BLVD.
SUITE 105
JACKSONVILLE, FL 32207 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: D () Delete
Name: BALANKY, MICHAEL F
Address: 1300 RIVERPLACE BLVD., SUITE 400
City-St-Zip: JACKSONVILLE, FL 32207

Title: CD () Delete
Name: BEARD, MURRAY
Address: 200 W FORSYTH STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: PD () Delete
Name: WARREN, CLEVE
Address: 1300 RIVERPLACE BLVD., SUITE 105
City-St-Zip: JACKSONVILLE, FL 32207

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

Title: TD () Delete
Name: JOHNSON, HENRY
Address: 2933 N. MRYTLE AVE
City-St-Zip: JACKSONVILLE, FL 32209

Title: VCD () Delete
Name: INSEL, CARL
Address: 10328 DEERWOOD PARK BLVD
City-St-Zip: JACKSONVILLE, FL 32256

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CLEVE WARREN

PD

04/10/2009

Electronic Signature of Signing Officer or Director

Date