2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004
Secretary of State

DOCUMENT# N98000003074

Entity Name: THE FIRST COAST INDEPENDENT SCHOOL FOUNDATION, INC.

Current Principal Place of Business:

1548 LANCASTER TERRACE
JACKSONVILLE, FL 32203

New Principal Place of Business:

Current Mailing Address:

PO BOX 40749
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: 59-3520492 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAY, JONATHAN L
1548 LANCASTER TRRACE
JACKSONVILLE, FL 32204 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:	JIMENEZ, J FRANCISCO MD	
Address:	116 SEVEN IRON COURT	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	D	( ) Delete
Name:	FINCHEM, HOLLY	
Address:	7160 MARSH HAWK COURT	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	PD	( ) Delete
Name:	HILTON, THOMAS C	
Address:	3 SAN JUAN CIRCLE	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	D	( ) Delete
Name:	MACKLIN, DANIEL	
Address:	118 MILLS LANE	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	D	( ) Delete
Name:	KEATOR, WILLIAM	
Address:	1261 NECK ROAD	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	

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:	D	(X) Change ( ) Addition
Name:	MACKLIN, DANIEL	
Address:	18 MILLS LANE	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	D	(X) Change ( ) Addition
Name:	KEATOR, WILLIAM	
Address:	105 CARIBIA PLACE	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	

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: THOMAS C. HILTON PRES 02/02/2004

Electronic Signature of Signing Officer or Director — Date