

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90013 033 ****70.00

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1. Entity Name

**FIRST COAST AFRICAN AMERICAN CHAMBER OF
COMMERCE, INC.**



Principal Place of Business

**1817-A N. MYRTLE AVENUE
JACKSONVILLE FL 32209**

Mailing Address

**1817-A N. MYRTLE AVENUE
JACKSONVILLE FL 32209**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3480332

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELAM, TERESA W
1817-A N. MYRTLE AVENUE
JACKSONVILLE FL 32209**

Name

Deborah K. Thompson, President

Street Address (P.O. Box Number is Not Acceptable)

1817-A Myrtle Ave. N.

Jacksonville, FL

City

FL

Zip Code

32209

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

Deborah K. Thompson

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when re-registering)

2/28/06

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	SIPLIN, LEWIS	
STREET ADDRESS	1817-A N. MYRTLE AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32209	

TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	COBB, SPENCER SIR	
STREET ADDRESS	1817A N MYRLE AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32209	

TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, CARLTON	
STREET ADDRESS	1817 A NORTH MYRTLE AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32209	

TITLE	DS	<input type="checkbox"/> Delete
NAME	PRICE, WILLIAM	
STREET ADDRESS	1817-A N MYRTLE AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32209	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Cal Jackson	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1817 -A Myrtle Ave. N.		
STREET ADDRESS	Jacksonville, FL 32209		
CITY-ST-ZIP			

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cliff Grant, Director	
STREET ADDRESS	1817-A Myrtle Ave. N.	
CITY-ST-ZIP	Jacksonville, FL 32209	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Natasha Mckie	
STREET ADDRESS	1817-AMyrtle Ave. N.	
CITY-ST-ZIP	Jacksonville, FL 32209	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tanya Douglas	
STREET ADDRESS	1817-A Myrtle Ave. N.	
CITY-ST-ZIP	Jacksonville, FL 32209	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cornelia Haywood	
STREET ADDRESS	1817-A Myrtle Ave. N.	
CITY-ST-ZIP	Jacksonville, FL 32209	

TITLE	Oswald, Bronson, Phd.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1817-A Myrtle Ave. N.	
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:

Deborah K. Thompson

2/28/06 (904)358-9090