

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90039 029 *****70.00

DOCUMENT # N98000005387 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 - No P.O. Box # 1725 Oakhurst Ave.		3. Mailing Address 1725 Oakhurst Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 59-3480332	
Zip 32208		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent THOMPSON, DEBORAH K 1817-A N. MYRTLE AVENUE N. JACKSONVILLE, FL 32209			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="text-align: right;"><small>DATE</small></div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, CAL 1817-A N. MYRTLE AVENUE JACKSONVILLE, FL 32209 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1725 Oakhurst Ave. Jacksonville, FL 32208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANT, CLIFF 1817A N MYRLE AVE JACKSONVILLE, FL 32209 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1725 Oakhurst Ave. Jacksonville, FL 32208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, CARLTON 1817 A NORTH MYRTLE AVENUE JACKSONVILLE, FL 32209 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1725 Oakhurst Ave. Jacksonville, FL 32208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PRICE, WILLIAM 1817-A N MYRTLE AVE. JACKSONVILLE, FL 32209 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Chairman of the Board Roberts, A. D. 1725 Oakhurst Ave Jacksonville, Florida 32208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKIE, NATASHA 1817-A MYRTLE AVE. N JACKSONVILLE, FL 32209 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, TANYA 1817-A MYRTLE AVE. N. JACKSONVILLE, FL 32209 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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:			A. D. Roberts, Chiarman		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		