20	08 NOT-FOR-PRO ANNUAL	OFIT CORPOR . REPORT	ATION	FILED Apr 14, 2008 8:00 an Secretary of State 04-14-2008 90052 046 ****61 25
DOCU	MENT # N98000005	5387		
1. Entity Name FIRST COAST AFRICAN AMERICAN CHAMBER OF COMMERCE, INC.				
1725 OAKHURST AVE. 1725 (		Mailing Address 1725 OAKHURST AVE. JACKSONVILLE, FL 32208	3	40068179
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & Stat	8	City & Stale		4. FEI Number Applied For 59-3480332 Not Applicable
Zlp	Country	Zip	Country -	5. Certificate of Status Desired
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
1817 <b>-</b> A N.	DN, DEBORAH K MYRTLE AVENUE N. VILLE, FL 32209			SON, Carlton L s (P.O. Box Number is Not Acceptable) Frogmore DR
8. The above the obligat	named entity submits this statement fo	or the perpose of changing its re-	City Midd gistered office or regist	FL Zip Code   Burg FL 32068   tered agent, acboth, in the State of Florida. 1 am familiar with, and accept 1 and familiar with, and accept
SIGNATURE	Signature, types or printed name of registered agent	and tille if applicable. (NOTH: R	agistered Agent signature requir	4/9/08 ved when reinstaling) Date
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campa Trust Fund Cor		\$5.00 May Be Added to Fees
10.	OFFICERS AND DI	_	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, CAL 1725 OAKHURST AVE. JACKSONVILLE, FL° 32208	🗋 Deleta	TITLE NAME STREET ADDRESS CITY-S1-ZIP	Change 🛄 Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	D GRANT, CLIFF 1725 OAKHURST AVE JACKSONVILLE, FL 32208	🗍 Deleto	TIFLE VC NAME STREET ADDRESS CITY-ST-ZIP	● Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB ROBERTS, A D 1725 OAKHURST AVE JACKSONVILLE, FL 32208	Deleto	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TIILE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, TANYA 1817-A MYRTLE AVE. N. JACKSONVILLE, FL 32209	X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 🗋 Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP		[.] Delete	TITLE NAMC STREET ADDRESS CITY-SI-ZIP	Change Addition
TITLE		Deleie	TITLE NAME	Change Addition
NAME STREET ADDRESS CITY-SI-ZIP	Reference and		NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·
Indicated	I on this report or supplemental report in poration or the receiver or frustee end or on an attachment with an activity.	s true and accurate and that my	signature shall have the required by Chapter 6	ed in Chapter 119, Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or director 17, Florida Statutes; and that my name appears in Block 10 or Block 11 if 9008 9004 6552-15500 Date Daytime Phone *