

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005387

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** FIRST COAST AFRICAN AMERICAN CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

1725 OAKHURST AVE.  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

**Current Mailing Address:**

1725 OAKHURST AVE.  
JACKSONVILLE, FL 32208

**New Mailing Address:**

**FEI Number:** 59-3480332

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBINSON, CARLTON L  
2044 FROGMORE DR  
MIDDLEBURG, FL 32068 US

**Name and Address of New Registered Agent:**

ROBINSON, CARLTON L  
1725 OAKHURST AVE  
JACKSONVILLE, FL 32208 US

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: \_\_\_\_\_

04/20/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JACKSON, CAL  
Address: 1725 OAKHURST AVE.  
City-St-Zip: JACKSONVILLE, FL 32208

Title: VCOB ( ) Delete  
Name: GRANT, CLIFF  
Address: 1725 OAKHURST AVE  
City-St-Zip: JACKSONVILLE, FL 32208

Title: COB ( ) Delete  
Name: ROBERTS, A D  
Address: 1725 OAKHURST AVE  
City-St-Zip: JACKSONVILLE, FL 32208

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BELL, MICHELL  
Address: 1725 OAKHURST AVE.  
City-St-Zip: JACKSONVILLE, FL 32208

Title: COB (X) Change ( ) Addition  
Name: ROBERTS, A D  
Address: 1725 OAKHURST AVE  
City-St-Zip: JACKSONVILLE, FL 32208

Title: VCOB (X) Change ( ) Addition  
Name: GRANT, CLIFF  
Address: 1725 OAKHURST AVE  
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Change (X) Addition  
Name: POWELL, CHARLOTTE  
Address: 1725 OAKHURST AVE  
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Change (X) Addition  
Name: MOBLEY, PHIL  
Address: 1725 OAKHURST  
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Change (X) Addition  
Name: THOMPSON, ANGELA  
Address: 1725 OAKHURST AVE  
City-St-Zip: JACKSONVILLE, FL 32208

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: CARLTON L. ROBINSON

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date