

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005387

FILED
Apr 21, 2010
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
1725 OAKHURST AVE
JACKSONVILLE, FL 32208 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
Name: BELL, MICHELL
Address: 1725 OAKHURST AVE.
City-St-Zip: JACKSONVILLE, FL 32208

Title: COB
Name: GRANT, CLIFF
Address: 1725 OAKHURST AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: VCOB
Name: TAYLOR, BRACY
Address: 1725 OAKHURST AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: D
Name: POWELL, CHARLOTTE
Address: 1725 OAKHURST AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: D
Name: MOBLEY, PHIL
Address: 1725 OAKHURST
City-St-Zip: JACKSONVILLE, FL 32208

Title: D
Name: THOMPSON, ANGELA
Address: 1725 OAKHURST AVE
City-St-Zip: JACKSONVILLE, FL 32208

I hereby 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 all other like empowered.

SIGNATURE: CARLTON L ROBINSON

PRES

04/21/2010

Electronic Signature of Signing Officer or Director

Date