

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001165

FILED
May 02, 2008
Secretary of State

Entity Name: FIRST COAST TECHNICAL INSTITUTE, INC.

Current Principal Place of Business:

2980 COLLINS AVE
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

2980 COLLINS AVE
ST AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-1276697 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COTHRON, CHRISTINE DR
2980 COLLINS AVE
ST AUGUSTINE, FL 32084 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROYAL, BERT MR
Address: 3616 MAGNOLIA POINT BLVD.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: P () Delete
Name: COTHRON, CHRISTINE DR
Address: 2980 COLLINS AVE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D () Delete
Name: BURCHFIELD, ROBIN MRS
Address: 1 RIBERIA STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D () Delete
Name: LARSON, WES MR
Address: P. O. BOX 550
City-St-Zip: PALATKA, FL 32078

Title: D () Delete
Name: KILBERG, KELLIE JO MS
Address: 1734 KINGSLEY AVENUE
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHRISTINE COTHRON

P

05/02/2008

Electronic Signature of Signing Officer or Director

Date