

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001165

FILED  
Mar 27, 2009  
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 (X)**

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

COTHRON, CHRISTINE DR  
2980 COLLINS AVE  
ST AUGUSTINE, FL 32084 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 ( ) 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: D (X) Change ( ) Addition  
Name: ALFORD, CAROL  
Address: 2450 OLD MOULTRIE RD, STE 201  
City-St-Zip: ST. AUGUSTINE, FL 32086

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

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

Title: D (X) Change ( ) Addition  
Name: FULLEN, CHARLOTTE  
Address: P. O. BOX 550  
City-St-Zip: PALATKA, FL 32078

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

03/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date