

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001782

FILED  
Apr 23, 2007  
Secretary of State

**Entity Name:** FIRST COAST ELECTRICAL APPRENTICESHIP PROGRAM, INC.

**Current Principal Place of Business:**

2270 DEERWOOD ACRES DRIVE  
SAINT AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

2270 DEERWOOD ACRES DRIVE  
SAINT AUGUSTINE, FL 32084

**New Mailing Address:**

**FEI Number:** 59-3566498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOLES, JOSEPH L JR  
120 CHARLOTTE STREET  
ST AUGUSTINE, FL 32084 US

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

HACKETT, CHARLES I  
2270 DEERWOOD ACRES DRIVE  
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: CHARLES I. HACKETT

04/23/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: OWEN, MICKY  
Address: 1775 LAKESIDE AVE  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D ( ) Delete  
Name: WILSON, CLIFF  
Address: 175 INDUSTRIAL LOOP  
City-St-Zip: ORANGE PARK, FL

Title: D ( ) Delete  
Name: ALLEN, PAUL  
Address: 4206 HOLLY COURT  
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Delete  
Name: HACKETT, CHARLES  
Address: 2270 DEERWOOD ACRES DR  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D ( ) Delete  
Name: LYNCH, BILL  
Address: 124 STATE ROAD 13  
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete  
Name: STRATMANN, MARK  
Address: 132 MASTERS DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES I. HACKETT

D

04/23/2007

Electronic Signature of Signing Officer or Director

Date