2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001782

FILED Apr 14, 2008 Secretary of State

Entity Name: FIRST COAST ELECTRICAL APPRENTICESHIP PROGRAM, INC.

Current Principal Place of Business: New Principal Place of Business: 2270 DEERWOOD ACRES DRIVE SAINT AUGUSTINE, FL 32084 **Current Mailing Address: New Mailing Address:** 2270 DEERWOOD ACRES DRIVE SAINT AUGUSTINE, FL 32084 FEI Number: 59-3566498 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HACKETT, CHARLES I 2270 DEERWOOD ACRES DRIVE ST AUGUSTINE, FL 32084 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition OWEN, MICKY Name: Name: 1775 LAKESIDE AVE Address: Address: City-St-Zip: ST AUGUSTINE, FL 32086 City-St-Zip: Title: Title: (X) Change () Addition () Delete WILSON, CLIFF Name: WILSON, JOHN Name: Address: 175 INDUSTRIAL LOOP Address: 175 INDUSTRIAL LOOP City-St-Zip: ORANGE PARK, FL City-St-Zip: ORANGE PARK, FL Title: Title: () Change () Addition () Delete ALLEN, PAUL Name: Name: 4206 HOLLY COURT Address: Address: City-St-Zip: MIDDLEBURG, FL 32068 City-St-Zip: (X) Change () Addition Title: () Delete Title: Name: HACKETT, CHARLES Name: HACKETT, CHARLES I 2270 DEERWOOD ACRES DR 2270 DEERWOOD ACRES DR Address: Address: City-St-Zip: ST AUGUESTINE, FL 32086 City-St-Zip: ST AUGUESTINE, FL 32086 Title: () Delete Title: () Change () Addition LYNCH, BILL Name: Name: 124 STATE ROAD 13 Address: Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: Title: () Delete Title: () Change () Addition STRATMANN, MARK Name: Name: Address: 132 MASTERS DRIVE Address: SAINT AUGUSTINE, FL 32084 City-St-Zip: 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: CHARLES I. HACKETT D 04/14/2008