2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2005
Secretary of State

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Entity Name: FIRST COAST ACHIEVERS, INC.

Current Principal Place of Business:

P.O. BOX 19755
JACKSONVILLE, FL 32245

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 19755
JACKSONVILLE, FL 32245

New Mailing Address:

FEI Number: 59-3106575 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, ROWLAND V
1125-1 CESERY BLVD.
JACKSONVILLE, FL 32211 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: PD ( ) Delete
Name: STINSON, DORETHA
Address: P.O. BOX 19755
City-St-Zip: JACKSONVILLE, FL 32246

Title: VPD ( ) Delete
Name: VIDAL, NANA
Address: P.O. BOX 19755
City-St-Zip: JACKSONVILLE, FL 32246

Title: SD ( ) Delete
Name: CHANDLER, TRACEY
Address: P.O. BOX 19755
City-St-Zip: JACKSONVILLE, FL 32246

Title: TD ( ) Delete
Name: STATEN, DANIEL M
Address: 2439 ALDEN TRACE BLVD. E.
City-St-Zip: JACKSONVILLE, FL 32246

Title: FCD ( ) Delete
Name: WILLIAMS, ROWLAND V
Address: 1125-1 CESARY BLVD.
City-St-Zip: JACKSONVILLE, FL 32211

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 for the exemption stated in Section 119.07(3)(i), 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: DANIEL M. STATEN TD 03/27/2005

Electronic Signature of Signing Officer or Director — Date