

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90098 027 ****78.75

DOCUMENT # N99000002255

1. Entity Name

FIRST COAST ACHIEVERS, INC.



Principal Place of Business

P.O. BOX 19755
JACKSONVILLE FL 32245

Mailing Address

P.O. BOX 19755
JACKSONVILLE FL 32245



2. Principal Place of Business

P.O. Box 26651
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 26651
Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-3106575

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, ROWLAND V
1125-1 CESERY BLVD.
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STINSON, DORETHA ☐ Delete
STREET ADDRESS P.O. BOX 19755
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE VPD
NAME VIDAL, NANA ☐ Delete
STREET ADDRESS P.O. BOX 19755
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE SD
NAME CHANDLER, TRACEY ☐ Delete
STREET ADDRESS P.O. BOX 19755
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE TD
NAME STATEN, DANIEL M ☒ Delete
STREET ADDRESS 2439 ALDEN TRACE BLVD. E.
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE FCD
NAME WILLIAMS, ROWLAND V ☐ Delete
STREET ADDRESS 1125-1 CESARY BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 26651
CITY-ST-ZIP JACKSONVILLE FL 32226

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 26651
CITY-ST-ZIP JACKSONVILLE FL 32226

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 26651
CITY-ST-ZIP JACKSONVILLE FL 32226

TITLE ☐ Change ☒ Addition
NAME TO
STREET ADDRESS VAUGHAN, VERONICA F
CITY-ST-ZIP P.O. Box 26651
JACKSONVILLE FL 32226

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 26651
CITY-ST-ZIP JACKSONVILLE FL 32226

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Veronica F. Vaughan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/06

ATTACHMENT

Florida Department of State - Division of Corporations

60037724

Corporation Fees

#NA9000002255

PROFIT AND NON-PROFIT

Filing Fees	\$ 35.00
Registered Agent Designation	\$ 35.00
* Certified Copy (optional)	\$ 8.75
TOTAL	\$ 78.75
Amendment of any record	\$ 35.00
Profit Annual Report (& Supplemental Fee)	\$150.00
Profit Annual Report (Received after May 1)	\$550.00
Amended Profit Annual Report	\$ 61.25
Articles of Correction	\$ 35.00
Non-Profit Annual Report	\$ 61.25
Certificate of Status	\$ 8.75
* Certified Copy	\$ 8.75 (see below)
* Photocopies	\$ 10.00 (see below)
Change of registered agent	\$ 35.00
Dissolution & withdrawal	\$ 35.00
Foreign Name registration	\$ 87.50
Foreign Name renewal	\$ 87.50
Merger (per party)	\$ 35.00
Certificate of Conversion	\$ 35.00 (+New Entity Filing fees, if applicable)
Reinstatement (Profit)	\$600.00 —
Reinstatement (Non-Profit)	\$175.00
Resignation of Reg. Agent (active corporation)	\$ 87.50
(inactive corporation)	\$ 35.00
Revocation of Dissolution	\$ 35.00
Substitute service of process (Chapter 48, F.S.)	\$ 8.75

* Certified Copies are \$8.75 for the first 8 pages and \$1.00 for each additional page, not to exceed a maximum of \$52.50. This fee is applied only to requests that are done in person. All mail-in requests are charged a flat \$8.75.

* Photocopies are \$1.00 per page for requests that are brought in to our office. All mail-in requests are charged a flat \$10.00.

amt pd.