

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002255

FILED
Jul 16, 2008
Secretary of State

Entity Name: FIRST COAST ACHIEVERS, INC.

Current Principal Place of Business:

PO BOX 26651
JACKSONVILLE, FL 32226

New Principal Place of Business:

10302 PLANTERS WOOD DRIVE
JACKSONVILLE, FL 32218

Current Mailing Address:

PO BOX 26651
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 59-3106575 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

STINSON, DORETHA
10302 PLANTERS WOOD DRIVE
JACKSONVILLE, FL 32218 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: DORETHA STINSON

07/16/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STINSON, DORETHA
Address: PO BOX 26651
City-St-Zip: JACKSONVILLE, FL 32246

Title: VPD () Delete
Name: VIDAL, NANA
Address: PO BOX 26651
City-St-Zip: JACKSONVILLE, FL 32246

Title: SD () Delete
Name: CHANDLER, TRACEY
Address: PO BOX 26651
City-St-Zip: JACKSONVILLE, FL 32246

Title: TD () Delete
Name: VAUGHN, VERONICA
Address: PO BOX 26651
City-St-Zip: JACKSONVILLE, FL 32246

Title: FCD () Delete
Name: WILLIAMS, ROWLAND V
Address: PO BOX 26651
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 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: DORETHA STINSON

PD

07/16/2008

Electronic Signature of Signing Officer or Director

Date