2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2009
Secretary of State

DOCUMENT# N99000002255

Entity Name: FIRST COAST ACHIEVERS, INC.

Current Principal Place of Business:

10302 PLANTERS WOOD DRIVE
JACKSONVILLE, FL 32218

New Principal Place of Business:

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)**

Name and Address of Current Registered Agent:

STINSON, DORETHA
10302 PLANTERS WOOD DRIVE
JACKSONVILLE, FL 32218 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:	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:	TD	(X) Change ( ) Addition
Name:	EDWARDS, JANESE	
Address:	PO BOX 26651	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:	SEC	(X) Change ( ) Addition
Name:	CROSS, KATHY	
Address:	PO BOX 26651	
City-St-Zip:	JACKSONVILLE, FL 32211	

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 PRES 03/07/2009

Electronic Signature of Signing Officer or Director — Date