

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005584

FILED
Mar 03, 2005
Secretary of State

Entity Name: FIRST COAST BUSINESS ALLIANCE, INC.

Current Principal Place of Business:

5000-3 NORWOOD AVE
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

PO BOX 2313
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: 59-3629091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RHODEN, GARFIELD
1701 PRUDENTIAL DR
JACKSONVILLE, FL 32207 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: VD () Delete
Name: KATRINA, BULTER-JONES
Address: 4880 BULLS BAY HWY
City-St-Zip: JACKSONVILLE, FL 32219

Title: PD () Delete
Name: FOX, JULIA
Address: 1225 WEST BEAVER STREET, SUITE #203
City-St-Zip: JACKSONVILLE, FL 32204

Title: TD () Delete
Name: MELISSA, HONG J
Address: 9550 REGENCY SQUARE BLVD., SUITE #803
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD () Delete
Name: HALL, TANYA
Address: 5000-3 NORWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

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:

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: MELISSA J HONG

TD

03/03/2005

Electronic Signature of Signing Officer or Director

Date