

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90430 044 ****61.25

DOCUMENT # N99000005584

1. Entity Name
FIRST COAST BUSINESS ALLIANCE, INC.



Principal Place of Business
**5000-3 NORWOOD AVE
JACKSONVILLE, FL 32208**

Mailing Address
**PO BOX 2313
JACKSONVILLE, FL 32203**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3629091

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RHODEN, GARFIELD
1701 PRUDENTIAL DR
JACKSONVILLE, FL 32207**

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 reinstating)

DATE

**Filing 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 **VD** ☐ Delete
NAME **KATRINA, BULTER-JONES**
STREET ADDRESS **4880 BULLS BAY HWY**
CITY-ST-ZIP **JACKSONVILLE, FL 32219**

TITLE **PD** ☒ Delete
NAME **FOX, JULIA**
STREET ADDRESS **1225 WEST BEAVER STREET, SUITE #203**
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE **TD** ☒ Delete
NAME **MELISSA, HONG J**
STREET ADDRESS **9550 REGENCY SQUARE BLVD., SUITE #803**
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE **SD** ☒ Delete
NAME **HALL, TANYA**
STREET ADDRESS **5000-3 NORWOOD AVENUE**
CITY-ST-ZIP **JACKSONVILLE, FL 32208**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition
NAME **BOKE, RICK**
STREET ADDRESS **3400 AGRICULTURAL CENTER DR**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32092**

TITLE **TD** ☐ Change ☒ Addition
NAME **ROSE, KAREN**
STREET ADDRESS **1300 RIVERPLACE BLVD, STE 105**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **SD** ☐ Change ☒ Addition
NAME **SWEENEY, TIFFANY**
STREET ADDRESS **129 KING ST**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

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

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 Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.27.06

Date

904-398-9411

Daytime Phone #