2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005584

FILED Mar 26, 2009 Secretary of State

Entity Name: FIRST COAST BUSINESS ALLIANCE, INC. **Current Principal Place of Business: New Principal Place of Business:** 5000-3 NORWOOD AVE JACKSONVILLE, FL 32208 **Current Mailing Address: New Mailing Address:** PO BOX 2313 JACKSONVILLE, FL 32203 FEI Number: 59-3629091 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RHODEN, GARFIELD 1701 PRÚDENTIAL DR JACKSONVILLE, FL 32207 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LLEWBY, CHERRON C Name: Name: Address: 5618 SILVERDALE AVE. Address: City-St-Zip: JACKSONVILLE, FL 32209 City-St-Zip: Title: VD () Delete Title: () Change () Addition YETUNDE, OYEKIOLE Name: Name: Address: 2831 TALLEYRAND AVE. Address: City-St-Zip: JACKSONVILLE, FL 32206 City-St-Zip: Title: () Delete Title: () Change () Addition ROSE, KAREN Name: Name: 1300 RIVERPLACE BLVD SUITE 105 Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 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: KAREN K ROSE TD 03/26/2009