

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90004 039 ***150.00

DOCUMENT # P02000012678

1. Entity Name

FIRST COAST CHRISTIAN MARTIAL ARTS, INC.



Principal Place of Business

FAITH COMMUNITY CHURCH
3264 TOWNSEND BLVD.
JACKSONVILLE FL 32277

Mailing Address

2752 SAFESHELTER DR W
JACKSONVILLE FL 32225

54004212



MOORE CR2E034 (11/03)

2. Principal Place of Business

Faith Community Church
Suite, Apt. #, etc.
3264 TOWNSEND BLVD

3. Mailing Address

2752 Safeshelter Dr W
Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32277

Country

USA

Zip

32225

Country

USA

4. FEI Number

04-3599237

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIERCE, JAMES R
2752 SAFESHELTER DR W
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name

James Ray Pierce

Street Address (P.O. Box Number is Not Acceptable)

2752 Safeshelter Dr W

City

Jacksonville

FL

Zip Code

32225

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

Feb 02/04/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PIERCE, JAMES R	
STREET ADDRESS	2752 SAFESHELTER DR W	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PIERCE, ROBIN E	
STREET ADDRESS	2752 SAFESHELTER DR W	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, 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 I'm empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 02 2004 904568-1782