

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759877

**Entity Name:** FIRST COAST CHRISTIAN CENTER OF THE ASSEMBLIES OF GOD, INC. OF THE CITY OF JACKSONVILLE, STATE OF FLORIDA

**FILED**  
**Mar 14, 2014**  
**Secretary of State**  
**CC3577048227**

**Current Principal Place of Business:**

2724 NEW BERLIN RD  
JACKSONVILLE, FL 32226-1756

**Current Mailing Address:**

2724 NEW BERLIN RD  
JACKSONVILLE, FL 32226-1756 US

**FEI Number: 59-1944384**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

RICARDO, ANTHONY  
12537 DUNN CREEK RD  
JACKSONVILLE, FL 32218 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:** ANTHONY RICARDO

03/14/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT	Title	DEACON TREASURER
Name	FRUSCELLA, PERRY M	Name	MILLER, JASON
Address	3040 HUCKLEBERRY LANE	Address	103 ST. THOMAS ST.
City-State-Zip:	JAX FL 32226	City-State-Zip:	YULEE FL 32097
Title	DEACON SECRETARY	Title	DEACON
Name	RICARDO, ANTHONY OS	Name	BISSO, PATRICK
Address	12537 DUNN CREEK RD	Address	1432 ARENDS RD
City-State-Zip:	JACKSONVILLE FL 32218	City-State-Zip:	JAX FL 32218
Title	DEACON		
Name	SZEREMI, MARTIN		
Address	12457 SAPP RD		
City-State-Zip:	JAX FL 32226		

*I hereby 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 all other like empowered.*

**SIGNATURE:** ANTHONY RICARDO

**SECRETARY**

03/14/2014

Electronic Signature of Signing Officer/Director Detail

Date