

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770003

Entity Name: FLORIDA FIRST CAPITAL FINANCE CORPORATION, INC.**Current Principal Place of Business:**1351 N. GADSDEN ST.
TALLAHASSEE, FL 32303**Current Mailing Address:**PO BOX 4166
TALLAHASSEE, FL 32315 US**FEI Number:** 59-2515700**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KOCOUREK, TODD G
1351 N. GADSDEN STREET
TALLAHASSEE, FL 32303 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**Officer/Director Detail :**

Title PRESIDENT
Name KOCOUREK, TODD G
Address 1351 N. GADSDEN STREET
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name HOBBS, GREGORY
Address 3161 WHIRLAWAY TRAIL
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR
Name DEGENNARO, JAMES
Address 330 WEST CHURCH STREET
City-State-Zip: BARTOW FL 33831

Title DIRECTOR
Name ABBERGER, LESTER
Address 210 SOUTH MONROE STREET
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name BLISS, GARY
Address 4750 COLLEGIATE DRIVE
City-State-Zip: PANAMA CITY FL 32405

Title SECRETARY, TREASURER,
DIRECTOR
Name FANCHER, STEPHEN
Address 10400 N.W. 33RD STREET, STE 200
City-State-Zip: MIAMI FL 33172

Title DIRECTOR, CHAIRMAN
Name RIDDELL, MALCOLM
Address 1351 N. GADSDEN ST.
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name SOUSA, JACQUELINE
Address 1101 BRICKELL AVENUE
City-State-Zip: MIAMI FL 33131

Continues on page 2

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: TODD G KOCOUREK

PRESIDENT

01/27/2020

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	GOMEZ, FAUSTO
Address	765 CRANDON BOULEVARD PH10
City-State-Zip:	KEY BISCAYNE FL 33149