

2024 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, DIRECTOR
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, CHAIRMAN
Name RIDDELL, MALCOLM
Address 1351 N. GADSDEN ST.
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR, VC
Name SOUSA, JACQUELINE
Address 11200 S.W. 8TH ST.
 MANGO 360
City-State-Zip: MIAMI FL 33139

Title DIRECTOR
Name BLISS, GARY
Address 821 ACADEMIC WAY
City-State-Zip: TALLAHASSEE FL 32306

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

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

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

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 KOCOUREK

DIRECTOR, PRESIDENT

01/30/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR, SECRETARY
Name	BOWERS, T KEITH
Address	625 E TENNESSEE STREET
City-State-Zip:	TALLAHASSEE FL 32308