

**2021 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

**FILED**  
**Jan 25, 2021**  
**Secretary of State**  
**9424774730CC**

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

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

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

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

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

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

Title            DIRECTOR, SECRETARY,  
TREASURER  
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/CEO**

**01/25/2021**

\_\_\_\_\_  
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

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