

**2022 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        821 ACADEMIC WAY  
City-State-Zip: TALLAHASSEE FL 32306

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

**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****DIRECTOR****01/25/2022**

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