

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N01000000088

Entity Name: THE FIRST COAST LEADERSHIP FOUNDATION
JACKSONVILLE, INC.

Current Principal Place of Business:

2049 NORTH PEARL STREET
JACKSONVILLE, FL 32206

Current Mailing Address:

2049 NORTH PEARL STREET
JACKSONVILLE, FL 32206 US

FEI Number: 59-3694394

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GUNDY, REGINALD L
2049 NORTH PEARL STREET, STE B
JACKSONVILLE, FL 32206 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 CEO
Name MCCOULLOUGH , ISAAC
Address 2049 NORTH PEARL STREET
City-State-Zip: JACKSONVILLE FL 32206

Title C
Name GUNDY, REGINALD L
Address 2049 N. PEARL STREET
City-State-Zip: JACKSONVILLE FL 32206

Title S
Name KILCREASE, BESS
Address 2049 N. PEARL STREET
City-State-Zip: JACKSONVILLE FL 32206

Title D
Name MCGHEE, CARLOS SR
Address 6522 BARTH RD
City-State-Zip: JACKSONVILLE FL 32219

Title DIRECTOR
Name LEVY , PETER
Address 2049 NORTH PEARL STREET
City-State-Zip: JACKSONVILLE FL 32206

Title CFO
Name WEST , JERRY
Address 2049 NORTH PEARL STREET
City-State-Zip: JACKSONVILLE FL 32206

Title TREASURER
Name VANZEE, LAURA
Address 2049 NORTH PEARL STREET
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR
Name GIBSON , ROBERT ESQ.
Address 2049 NORTH PEARL STREET
City-State-Zip: JACKSONVILLE FL 32206

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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: REGINALD L GUNDY

CHAIRMAN

05/02/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KEE, DAVID
Address 2049 NORTH PEARL STREET
City-State-Zip: JACKSONVILLE FL 32206

Title VC
Name REESE , KYLE
Address 2049 NORTH PEARL STREET
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR
Name SANDERS , LAVERN
Address 2049 NORTH PEARL STREET
City-State-Zip: JACKSONVILLE FL 32206