

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2011
Secretary of State

DOCUMENT# N00000006058

Entity Name: FIRST COAST MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

555 STOCKTON ST.
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

555 STOCKTON ST.
JACKSONVILLE, FL 32204 US

New Mailing Address:

FEI Number: 59-3750072 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOOD, DAVID
444 SEABREEZE
SUITE 900
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: CROW, PAUL B
Address: C/O 555 STOCKTON ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: C
Name: SERBOUSEK, TED
Address: C/O 555 STOCKTON ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: T
Name: MENDHEIM, DUDLEY
Address: C/O 555 STOCKTON ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: S
Name: BELL, WILLIAM C
Address: C/O 555 STOCKTON ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: D
Name: POWERS, GARY
Address: C/O 555 STOCKTON ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: D
Name: HAMM, HAROLD
Address: C/O 555 STOCKTON ST
City-St-Zip: JACKSONVILLE, FL 32204

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: IVAN A. COSIMI II

COO

04/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date