

1.) CORPORATION NAME:

FIRST COAST-SOUTHEAST, INC.

DUE DATE: **3/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS, INC.
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1921941**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12276-214 SAN JOSE BLVD.

CITY/ST/ZIP: JACKSONVILLE, FL 32223

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	SHIRLEE LAMBRIGHT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	12276-214 SAN JOSE BLVD		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32223		

NAME:	KIMBERLY CASTLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12276-214 SAN JOSE BLVD		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32223		

NAME:	ALISTAIR T. LIND	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	370 WEST PARK AVE.		
CITY/ST/ZIP/CO:	LONG BEACH, NY 11561		

NAME:	TIMOTHY R O	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	370 WEST PARK AVE.		
CITY/ST/ZIP/CO:	LONG BEACH, NY 11561		

NAME:	JOHN A PETRILLI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	370 WEST PARK AVE.		
CITY/ST/ZIP/CO:	LONG BEACH, NY 11561		

NAME:	GAIL W REILLY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	370 WEST PARK AVE.		
CITY/ST/ZIP/CO:	LONG BEACH, NY 11561		

NAME: SHIRLEY B ORTEGO TITLE: ASST SECRETARY ADDRESS: 370 WEST PARK AVE. CITY/ST/ZIP/CO: LONG BEACH, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: WAYNE W RICCI TITLE: DIRECTOR ADDRESS: 370 WEST PARK AVE. CITY/ST/ZIP/CO: LONG BEACH, NY 11561	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ GAIL W REILLY	GAIL W REILLY, SVP	2/9/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.