


2006 NOT-FOR-PROFIT CORPORATION

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DOCUMENT # N41001

1. Entity Name
FIRST COAST PILOT CLUB OF ST. AUGUSTINE, FLORIDA, INC.



FILED
 06 OCT 25 PM 3:29

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

9/3/06 01037008 \$78.75

Principal Place of Business
**C/O TAMMY MARSHALL
 400 N. PONCE DE LEON BLVD
 ST. AUGUSTINE, FL 32084**

Mailing Address
**C/O TAMMY MARSHALL
 400 N. PONCE DE LEON BLVD
 ST. AUGUSTINE, FL 32084**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



4. FEI Number
59-2749892

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HINCHMAN, AUDRIA
 133 NORTH BLVD.
 ST. AUGUSTINE, FL 32086**

7. Name and Address of New Registered Agent
 Name **James Stinson**
 Street Address (P.O. Box Number is Not Acceptable)
7877 U.S. 1 South
 City **ST. AUGUSTINE** FL Zip Code **32086**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is **\$61.25**
 Due by **September 15, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

18. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, TAMMY 730 ALEIDA DR SAINT AUGUSTINE, FL 32086 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHMID, NANCY 307 PACIFICA VISTA WAY SAINT AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHRIST, ANGELA 1061 FLORE PARKE DRIVE JACKSONVILLE, FL 32259 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O STINSON, JAMES 7877 US 1 SOUTH SAINT AUGUSTINE, FL 32086 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, NANCY 1106 VISTA COVE RD SAINT AUGUSTINE, FL 32084 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HINCHMAN, AUDRIA 133 NORTH BLVD. ST AUGUSTINE, FL <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. MARY JANE LITTLE 115 SUNSET LAKE POINT LANE PACATKA, FL 32177 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. NANCY BURNS 1106 VISTA COVE RD ST. AUGUSTINE, FL 32084 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O TAMMY MARSHALL 730 ALEIDA ST. AUGUSTINE, FL 32086 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARY OTTO 829 RITA CIRCLE ST. AUGUSTINE, FL 32086 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. JIM STINSON 7877 U.S. 1 South ST. AUGUSTINE, FL 32086 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James Stinson* **10/10/06**
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Tyron Scott
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

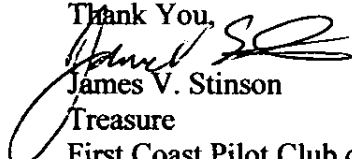
Subject: First Coast Pilot Club of Saint Augustine, Inc.
Ref. Number: W06000039389
Document Number: N41001

Tyron,

Enclosed is the Annual Report for Not-For Profit Corporation.

We talked the First of October about asking for a waving the late fee.
I sent the wrong form and a check, the form was returned and check cashed.
I had a death in the family and had to go to New Jersey .

Thank You,



James V. Stinson
Treasurer
First Coast Pilot Club of Saint Augustine