

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90197 046 ****61.25

DOCUMENT # N41001



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

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number - **59-2749892**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HINCHMAN, AUDRIA
133 NORTH BLVD.
ST. AUGUSTINE FL 32095**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
NAME **MARSHALL, TAMMY**
STREET ADDRESS **730 ALEIDA DR**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE **PRES.** Change Addition
NAME **Marshall, Tammy**
STREET ADDRESS **730 Aleida Dr.**
CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE **P** Delete
NAME **HAYNES, LOIS**
STREET ADDRESS **733 CAPTAINS DR**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE **Secretary** Change Addition
NAME **Nancy Schmid**
STREET ADDRESS **307 Pacific Vista Way**
CITY-ST-ZIP **St. Augustine FL 32080**

TITLE **D** Delete
NAME **EATON, PATRICIA**
STREET ADDRESS **3740 ARROWHEAD DR.**
CITY-ST-ZIP **ST AUGUSTINE FL 32088**

TITLE **Pres. Elect** Change Addition
NAME **Christ, Angela**
STREET ADDRESS **1081 Florida Park Dr.**
CITY-ST-ZIP **Jacksonville, FL 32259**

TITLE **D** Delete
NAME **OTTO, MARY**
STREET ADDRESS **101 COFUINE AVE**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE **Director** Change Addition
NAME **James Stinson**
STREET ADDRESS **7877 US 1 South**
CITY-ST-ZIP **St. Augustine FL 32086**

TITLE **PE** Delete
NAME **BURNS, NANCY**
STREET ADDRESS **4600 A1A S., VILLAGE DELLAGO 3-1**
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE **Director** Change Addition
NAME **Nancy Burns**
STREET ADDRESS **1106 Vista Cove Rd**
CITY-ST-ZIP **St. Augustine FL 32084**

TITLE **T** Delete
NAME **HINCHMAN, AUDRIA**
STREET ADDRESS **133 NORTH BLVD.**
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Audria M. Hinchman* **Audria M. Hinchman** 4/3/03 904-829-2201

CR2E037 (10/02)