


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N51177 (6)
1. Corporation Name
FLORIDA'S FIRST COAST OF GOLF, INC.

Principal Place of Business 9 INDEPENDENT DR. JACKSONVILLE FL 32202	Mailing Address P.O. BOX 52086 JACKSONVILLE FL 32201-2086
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3. Date Incorporated or Qualified 09/25/1992	3a. Date of Last Report 07/23/1996
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2. Principal Place of Business 21	2a. Mailing Address 26 3 INDEPENDENT DR.	4. FEI Number 59-3134620	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28 Jacksonville, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29 32202	Country 30

9. Name and Address of Current Registered Agent REESE, DAVID W 9 INDEPENDENT DR. JACKSONVILLE FL 32202		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	FL	85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE Executive Director (D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REESE, DAVID W		1.2 NAME DAVID W. REESE	
STREET ADDRESS 3 INDEPENDENT DR.		1.3 STREET ADDRESS 3 INDEPENDENT DR	
CITY-ST-ZIP JACKSONVILLE FL 32202		1.4 CITY-ST-ZIP JACKSONVILLE, FL 32202	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE BOARD Member (D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HALLORAN, JACK		2.2 NAME JACK HALLORAN	
STREET ADDRESS P.O. BOX 18097		2.3 STREET ADDRESS 2831 TALLEY RAID AVE.	
CITY-ST-ZIP JACKSONVILLE FL 32229		2.4 CITY-ST-ZIP JACKSONVILLE, FL 32206	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VICE President (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIMMONS, RALPH		3.2 NAME DAVID NORMAN	
STREET ADDRESS 4012 UNIVERSITY BLVD., N.		3.3 STREET ADDRESS 9300 Baymeadows Road	
CITY-ST-ZIP JACKSONVILLE FL 32211		3.4 CITY-ST-ZIP JACKSONVILLE, FL 32257	
TITLE P	<input checked="" type="checkbox"/> DELETE	4.1 TITLE Treasurer (P)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GILREATH, MELISSA		4.2 NAME JACK Mobley	
STREET ADDRESS 1515 N. FIRST STREET		4.3 STREET ADDRESS 2232 Gulf Life Tower	
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250		4.4 CITY-ST-ZIP JACKSONVILLE, FL 32207	
TITLE V	<input type="checkbox"/> DELETE	5.1 TITLE President (V)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VICKERS, JOHN		5.2 NAME VICKERS, JOHN	
STREET ADDRESS 2800 BILL MELTON ROAD		5.3 STREET ADDRESS 2800 Bill Melton Road	
CITY-ST-ZIP FERNANDINA BEACH FL 32034		5.4 CITY-ST-ZIP Fernandina Beach, FL 32034	
TITLE S	<input type="checkbox"/> DELETE	6.1 TITLE Board Member (S)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SANDS, NAN		6.2 NAME NAN SANDS	
STREET ADDRESS 4700 AMELIA ISLAND PARKWAY		6.3 STREET ADDRESS 4700 Amelia Island Parkway	
CITY-ST-ZIP AMELIA ISLAND FL 32034		6.4 CITY-ST-ZIP Amelia Island, Parkway FL 32034	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CFR2E037 (9/96)