


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90052 033 ****61.25

000684

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N51177

1. Corporation Name
FLORIDA'S FIRST COAST OF GOLF, INC.

Principal Place of Business 219 N NEWMAN ST JACKSONVILLE FL 32202 US	Mailing Address 219 N NEWMAN ST JACKSONVILLE FL 32202 US
---	---



2. Principal Place of Business 21 300 N. Second St. Suite, Apt. #, etc. 22 STE 10 City & State 23 JACKSONVILLE, FL Zip 24 32250 25 USA	2a. Mailing Address 26 300 N. Second St. Suite, Apt. #, etc. 27 STE 10 City & State 28 JACKSONVILLE, FL Zip 29 32250 30 USA	3. Date Incorporated or Qualified 09/25/1992	4. FEI Number 59-3134620	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

REESE, DAVID W
 219 N NEWMAN ST
 JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name REESE, DAVID W
 82 Street Address (P.O. Box Number is Not Acceptable) 300 N. Second St., STE 10
 83
 84 City JACKSONVILLE FL 85 Zip Code 32250

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 DAVID W. REESE DATE 4/12/99

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

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MONAHAN, STEVE	
STREET ADDRESS	2932 RAVINES RD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HALLORAN, JACK	
STREET ADDRESS	P.O. BOX 18097	
CITY-ST-ZIP	JACKSONVILLE FL 32229	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NORMAN, DAVID	
STREET ADDRESS	9300 BAYMEADOWS ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILSON, JACQUELIN	
STREET ADDRESS	4747 HODGES BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VICKERS, JOHN	
STREET ADDRESS	2800 BILL MELTON ROAD	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STAPLES, ROSCOE	
STREET ADDRESS	7816 MCLAURIN RD N	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: DAVID W. REESE DATE 4/12/99 DAYTIME PHONE # 904-249-9183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)