


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90035 049 \*\*\*\*61.25

**DOCUMENT # N51177**  
 1. Entity Name  
**FLORIDA'S FIRST COAST OF GOLF, INC.**



Principal Place of Business  
**300 N. SECOND ST.  
 SUITE 10  
 JACKSONVILLE, FL 32250 US**

Mailing Address  
**300 N. SECOND ST.  
 SUITE 10  
 JACKSONVILLE, FL 32250 US**

**50007992**



2. Principal Place of Business  
**223 12th Avenue N Sk 1**

3. Mailing Address  
**223 12th Avenue N**

Suite, Apt. #, etc.  
**Suite 1**

01262005 Chg-NP CR2E037 (10/03)

City & State  
**Jacksonville Beach, FL**

City & State  
**Jacksonville Beach, FL**

Zip  
**32050**

Country  
**Duval**

4. FEI Number  
**59-3134620**

Applied For  
 Not Applicable

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

**- 6. Name and Address of Current Registered Agent**

**REESE, DAVID W  
 300 N. SECOND ST.  
 SUITE 10  
 JACKSONVILLE, FL 32250**

**7. Name and Address of New Registered Agent**

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

**Filing Fee is \$61.25 Due by May 1, 2005**

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	HARRINGTON, JAN 200 OCEAN CREST DR PALM COAST, FL 32137	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD	POTTS, DAVID 9150 BAYMEADOWS ROAD JACKSONVILLE, FL 32256	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	WILSON, JACQUELIN 649 PALENCIA CLUB DR SAINT AUGUSTINE, FL 32095	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S	GOLDMAN, RICHARD PO BOX 3000 FERNANDINA BEACH, FL 32035	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T	ORENDER, MG 10161 CENTURIAN PKWY JACKSONVILLE, FL 32256	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:** *David Reese* **DAVID REESE** **1/26/05** **904-249-9683**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #