


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 16 AM 11:40

Principal Place of Business 223 12TH AVENUE NORTH SUITE 1 JACKSONVILLE, FL 32250 US	Mailing Address 223 12TH AVENUE NORTH SUITE 1 JACKSONVILLE, FL 32250 US
--	--

REINSTATEMENT 06



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10112006 REIN-NP CR2E099 (11/05)

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

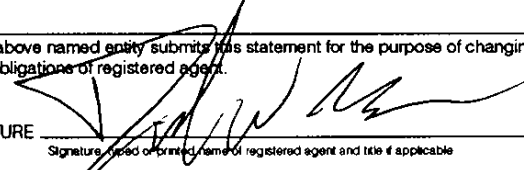
Name

Street Address (P.O. Box Number is Not Acceptable)
223 12th Ave N

Suite 1

City **Jacksonville Beach FL** Zip Code **32050**

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  DATE **10/11/06**

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

FILE NOW!!! FEE IS \$81.25
After January 1, 2007, Fee will be \$122.50

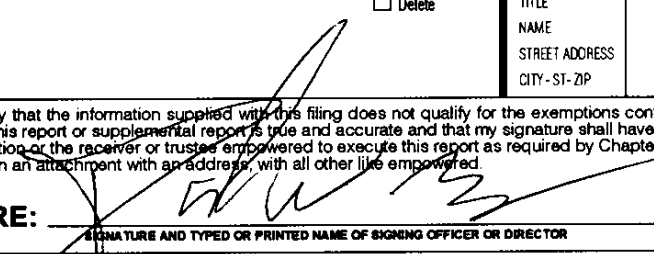
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	HARRINGTON, JAN
STREET ADDRESS	200 OCEAN CREST DR
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	POTTS, DAVID
STREET ADDRESS	9150 BAYMEADOWS ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	WILSON, JACQUELIN
STREET ADDRESS	649 PALENCIA CLUB DR
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32095
TITLE	Chairman <input type="checkbox"/> Delete
NAME	GOLDMAN, RICHARD
STREET ADDRESS	PO BOX 3000
CITY-ST-ZIP	FERNANDINA BEACH, FL 32035
TITLE	Vice Chairman <input type="checkbox"/> Delete
NAME	ORENDER, MG
STREET ADDRESS	10161 CENTURIAN PKWY
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cathy Harkin
STREET ADDRESS	4 King + Beech Dr., St. Aug, FL 38912
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	300080881783
STREET ADDRESS	10/16/06--01052--009 **\$1.25
CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terry Crawford
STREET ADDRESS	500 Legacy Trail, St. Aug, FL 38912
CITY-ST-ZIP	
TITLE	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chairman
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Vice Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice Chairman
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  DATE **10/11/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR