


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 20, 2007 8:00 am**  
**Secretary of State**

08-20-2007 90056 008 \*\*\*\*61.25

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



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



2. Principal Place of Business - No P.O. Box #  
**415 Pablo Avenue**

3. Mailing Address  
**415 Pablo Avenue**

Suite, Apt. #, etc.  
**Suite 102**

Suite, Apt. #, etc.  
**Suite 102**

08132007 Chg-NP CR2E037 (12/06)

City & State  
**Jacksonville Beach, FL**

City & State  
**Jacksonville Beach, FL**

4. FEI Number  
**59-3134620**

Applied For  
 Not Applicable

Zip Country  
**32250-5530 USA**

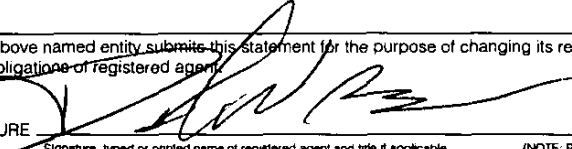
Zip Country  
**32250-5530 USA**

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

6. Name and Address of Current Registered Agent  
**REESE, DAVID W**  
**223 12TH AVENUE NORTH, STE 1**  
**JACKSONVILLE BEACH, FL 32250**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**415 Pablo Avenue, Ste 102**  
 City **Jacksonville Beach** **FL** Zip Code **32250**

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 **8/15/07**

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

**Filing Fee is \$61.25 Due by September 14, 2007**

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

TITLE	S	<input type="checkbox"/> Delete
NAME	HARGIN, CATHY	
STREET ADDRESS	1 KING & BEAR DRIVE	
CITY-ST-ZIP	STRUG, FL 32092	
TITLE	T	<input type="checkbox"/> Delete
NAME	CRAWFORD, TERRY	
STREET ADDRESS	500 SOUTH LEGACY TRAIL	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32092	
TITLE	C	<input type="checkbox"/> Delete
NAME	GOLDMAN, RICHARD	
STREET ADDRESS	PO BOX 3000	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32035	
TITLE	VC	<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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CHAIR PERSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cathy Harkin	
STREET ADDRESS	1 King & Bear Drive	
CITY-ST-ZIP	St. Aug, FL <del>3225</del> 32092	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 **8/15/07 (9/11)** DAYTIME PHONE # **249-9683**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR