


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 17, 2008 08:00 AM
Secretary of State

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



Principal Place of Business 415 PABLO AVENUE SUITE 102 JACKSONVILLE, FL 32250 US	Mailing Address 415 PABLO AVENUE SUITE 102 JACKSONVILLE, FL 32250 US
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DO NOT WRITE IN THIS SPACE



01112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3134620	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**REESE, DAVID W
 415 PABLO AVENUE SUITE #102
 JACKSONVILLE BEACH, FL 32250**

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

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HARGIN, CATHY 1 KING & BEAR DRIVE SAINT AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRAWFORD, TERRY 500 SOUTH LEGACY TRAIL ST. AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GOLDMAN, RICHARD PO BOX 3000 FERNANDINA BEACH, FL 32035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ORENDER, MG 10181 CENTURIAN PKWY JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/18/08-80037-007 61.25

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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 reports 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 as an attachment with an address, with all other like empowered.

SIGNATURE:  **DAVID Reese** 1/14/08 904-607-3204
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #