

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51177

FILED
Jan 13, 2009
Secretary of State

Entity Name: FLORIDA'S FIRST COAST OF GOLF, INC.

Current Principal Place of Business:

415 PABLO AVENUE
SUITE 102
JACKSONVILLE, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

415 PABLO AVENUE
SUITE 102
JACKSONVILLE, FL 32250 US

New Mailing Address:

FEI Number: 59-3134620 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: HARGIN, CATHY
Address: 1 KING & BEAR DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: T () Delete
Name: CRAWFORD, TERRY
Address: 500 SOUTH LEGACY TRAIL
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: C () Delete
Name: GOLDMAN, RICHARD
Address: PO BOX 3000
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: VC () Delete
Name: ORENDER, MG
Address: 10161 CENTURIAN PKWY
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID W. REESE

RA

01/13/2009

Electronic Signature of Signing Officer or Director

Date