


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000001544
 1. Entity Name
THE FIRST TEE OF JACKSONVILLE, INC.



Principal Place of Business Mailing Address
1157 MBO1 GOLFAIR BLVD **1157 MBO1 GOLFAIR BLVD**
JACKSONVILLE, FL 32209 **JACKSONVILLE, FL 32209**



01052006 No Chg-NP CR2E037 (11/05)

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4. FEI Number Applied For
59-3577327 Not Applicable

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

6. Name and Address of Current Registered Agent
PEETE, ELAINE
1157 MBO1 GOLFAIR BLVD
JACKSONVILLE, FL 32209

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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 _____ DATE _____
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 May 1, 2006

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	D BROWNING, ARTHUR W JR, M.D. 4655 SALISBURY RD., STE. 300 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKEL, EDWARD C 1 INDEPENDENT DR S #2301 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, JOSE M 4141 SOUTHPOINT DR E JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	F DONAHOO, JOHN W 50 N LAURA ST JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/13/06-80021-022 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 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: Elaine P. Peete EXECUTIVE DIRECTOR 1/9/06 904-924-0401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #