

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003746

FILED
Apr 05, 2005
Secretary of State

Entity Name: FIRST COAST SHAG CLUB, INC.

Current Principal Place of Business:

4670 SALISBURY RD.
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

PO BOX 551424
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 59-3446698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOE, WILLIAM G JR.
599 ATLANTIC BLVD. STE. 6
ATLANTIC BEACH, FL 32233 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: D () Delete
Name: SPAULING, PAUL
Address: 10916 GRAND TRUNK LANE
City-St-Zip: JACKSONVILLE, FL 32257

Title: PD () Delete
Name: HYDE, VICKIE
Address: 5334 WHITNEY STREET
City-St-Zip: JACKSONVILLE, FL 32277

Title: VP () Delete
Name: COPELAND, PAT
Address: 4124 PINEY BR CT
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: PERRY, LINDA L
Address: 8417 FRONTERA CIRCLE
City-St-Zip: JACKSONVILLE, FL 32217

Title: S () Delete
Name: DEFRANK, LORRIE
Address: 13789 SEA MIST DR.
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MYLOD, JANIS
Address: 3763 HUNT CLUB RD
City-St-Zip: JACKSONVILLE, FL 32224

Title: D (X) Change () Addition
Name: HYDE, VICKIE
Address: 5334 WHITNEY STREET
City-St-Zip: JACKSONVILLE, FL 32277

Title: PD (X) Change () Addition
Name: COPELAND, PAT
Address: 4124 PINEY BR CT
City-St-Zip: JACKSONVILLE, FL 32257

Title: T (X) Change () Addition
Name: PERRY, LINDA L
Address: 8417 FRONTERA CIRCLE
City-St-Zip: JACKSONVILLE, FL 32217

Title: S (X) Change () Addition
Name: WOMACK, SHERRY
Address: 1530 LINKSIDE DR
City-St-Zip: ATLANTIC BCH, FL 32233

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LINDA L PERRY

T

04/05/2005

Electronic Signature of Signing Officer or Director

Date