

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N51177

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

**FILED**  
**Feb 27, 2019**  
**Secretary of State**  
**0489298873CC**

**Current Principal Place of Business:**

4300 MARSH LANDING BLVD  
SUITE 102  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

4300 MARSH LANDING BLVD  
SUITE 102  
JACKSONVILLE BEACH, FL 32250 US

**FEI Number: 59-3134620**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

REESE, DAVID W  
4300 MARSH LANDING BLVD  
SUITE 102  
JACKSONVILLE BEACH, FL 32250 US

*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

**Officer/Director Detail :**

Title           TREASURER  
Name           LIBBY, RUSS  
Address        3901 MONUMENT RD  
City-State-Zip: JACKSONVILLE FL 32225

Title           CHAIRMAN  
Name           FRISBEE, SHAWN  
Address        1201 RIVERPLACE BLVD  
City-State-Zip: JACKSONVILLE FL 32207

Title           SECRETARY  
Name           LOWE, RICHARD  
Address        610 WELLS RD  
City-State-Zip: ORANGE PARK FL 32073

Title           VC  
Name           ZIMMER, DAN  
Address        205 ST JOHN'S GOLF DR  
City-State-Zip: ST AUGUSTINE FL 32092

Title           PRESIDENT  
Name           REESE, DAVID W  
Address        4300 MARSH LANDING BLVD  
                  SUITE 102  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*I hereby 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 all other like empowered.*

**SIGNATURE: DAVID W. REESE**

**PRESIDENT**

**02/27/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date