

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

DOCUMENT# N97000003746

**Entity Name:** FIRST COAST SHAG CLUB, INC.**Current Principal Place of Business:**5188 VILLAGE WAY  
FERNANDINA BEACH, FL 32034**Current Mailing Address:**PO BOX 551424  
JACKSONVILLE, FL 32255 US**FEI Number:** 59-3446698**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHAFFMAN, JIM  
5188 VILLAGE WAY  
FERNANDINA BEACH, FL 32034 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:** JIM CHAFFMAN

02/10/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR
Name	CHAFFMAN, JIM
Address	5188 VILLAGE WAY
City-State-Zip:	FERNANDINA BEACH FL 32034

Title	PRESIDENT
Name	CAULDER, SANDRA
Address	8479 SPENCERS TRACE DR
City-State-Zip:	JACKSONVILLE FL 32244

Title	SECRETARY
Name	LORRIE, DEFRANK
Address	13789 SEA MIST DRIVE
City-State-Zip:	JACKSONVILLE FL 32224

Title	DIRECTOR
Name	AULTMAN, KATHI
Address	1469 WINFRED DR. E.
City-State-Zip:	ORANGE PARK FL 32073

Title	TREASURER
Name	KING, MONA
Address	PO BOX 551424
City-State-Zip:	JACKSONVILLE FL 32255

Title	DIRECTOR
Name	FERNELL, JERRY
Address	PO BOX 551424
City-State-Zip:	JACKSONVILLE FL 32255

Title	VP
Name	HORTON, LAVERNE
Address	PO BOX 551424
City-State-Zip:	JACKSONVILLE FL 32255

*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:** JIM CHAFFMAN**DIRECTOR**

02/10/2019

Electronic Signature of Signing Officer/Director Detail

Date