

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003746

Entity Name: FIRST COAST SHAG CLUB, INC.**Current Principal Place of Business:**965 SALTWATER CIRCLE
ST AUGUSTINE, FL 32080**Current Mailing Address:**PO BOX 551424
JACKSONVILLE, FL 32255 US**FEI Number:** 59-3446698**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAYCE, DIANE
965 SALTWATER CIRCLE
ST AUGUSTINE, FL 32080 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:** DIANE CAYCE

03/06/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name WOODS, KAY
Address 638 MAGNOLIA AVE
City-State-Zip: SAINT JOHNS FL 32259

Title PRESIDENT
Name CAULDER, SANDRA
Address PO BOX 551424
City-State-Zip: JACKSONVILLE FL 32255

Title SECRETARY
Name FOUNTAIN, LINDA
Address PO BOX 551424
City-State-Zip: JACKSONVILLE FL 32255

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

Title PAST PRESIDENT
Name KING, MONA
Address 920 RIVER ROAD
City-State-Zip: ORANGE PARK FL 32073

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

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

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

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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: DIANE CAYCE**TREASURER**

03/06/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SGT AT ARMS
Name HODGES, CHRIS
Address PO BOX 551424
City-State-Zip: JACKSONVILLE FL 32255

Title SGT AT ARMS
Name CLARK, KAREN
Address PO BOX 551424
City-State-Zip: JACKSONVILLE FL 32255