2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2004 8:00 am
Secretary of State
05-03-2004 90675 013 ****61.25

66432540

DOCUMENT # N03000008895

1. Entity Name
FIRST COAST TIGER BAY CLUB, INC.

Principal Place of Business	Mailing Address
4068 CORRIENTES COURT S. JACKSONVILLE, FL 32207	~~P.O. BOX 204~~ JACKSONVILLE, FL 32247

04292004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 10704 Suite, Apt. #, etc.
City & State	City & State Jax FL
Zip / Country	Zip / Country 32247-0704

4. FEI Number 59-2687607 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCBURNEY, CHARLES W JR. ~~1301 RIVERPLACE BLVD., STE. 1916~~ JACKSONVILLE, FL ~~32207~~	Name Street Address (P.O. Box Number is Not Acceptable) 6320 St. Augustine Rd Suite 11 City Jacksonville FL Zip Code 32217

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 reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD LOVING, FRANCIS L 4619 HARBOUR NORTH CT. JACKSONVILLE, FL 32225	☒ Delete	VD James Overton 3751 Oak Pointe Jax. FL 32210	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ C D CHAPPELL, JEANE 4068 CORRIENTES COURT SOUTH JACKSONVILLE, FL 32217	☐ Delete	SD Helen Ludwig 3528 Majestic Oaks Dr. Jax. FL 32207	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ PD GARCIA, NANCY 7801 DEERCREEK CLUB RD. JACKSONVILLE, FL 32256.	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DECKERD, RON 2293 HAMMOCK OAKS DR. NORTH JACKSONVILLE, FL 32223	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MACKOUL, GEORGE 1628 SAN MARCO BLVD. #16 JACKSONVILLE, FL 32207	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FINN, KATHY 5711 CEDAR OAKS DR. JACKSONVILLE, FL 32210	☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ Kathy S. Finn 4.28.04 904-781-2452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #