

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41001

FILED
Sep 04, 2007
Secretary of State

Entity Name: FIRST COAST PILOT CLUB OF ST. AUGUSTINE, FLORIDA, INC.

Current Principal Place of Business:

C/O TAMMY MARSHALL
400 N. PONCE DE LEON BLVD
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

C/O JAMES STINSON
7877 U.S 1 SOUTH
ST. AUGUSTINE, FL 32986

Current Mailing Address:

C/O TAMMY MARSHALL
400 N. PONCE DE LEON BLVD
ST. AUGUSTINE, FL 32084

New Mailing Address:

7877 U.S. 1 SOUTH
SI. AUGUSTINE, FL 32086

FEI Number: 59-2749892 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STINSON, JAMES
7877 US 1 SOUTH
ST. AUGUSTINE, FL 32086 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: LITTLE, MARY JANE
Address: 115 SUNSET POINT LANE
City-St-Zip: PALATKA, FL 32177

Title: S () Delete
Name: SCHMID, NANCY
Address: 307 PACIFICA VISTA WAY
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: P () Delete
Name: BORWS, NANCY
Address: 1106 VISTA COVE RD.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D () Delete
Name: MARSHALL, TAMMY
Address: 730 ALEIDA
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: OTTO, MARY
Address: 829 RITA CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32082

Title: T () Delete
Name: STINSON, JIM
Address: 7877 US 1 SOUTH
City-St-Zip: ST AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BURNS, NANCY
Address: 1106 VISTA COVE RD.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: P (X) Change () Addition
Name: STEPHENSON, LYNNE
Address: 730 ALEIDA
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAMES STINSON

T

09/04/2007

Electronic Signature of Signing Officer or Director

Date