


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2007 8:00 am
Secretary of State

08-20-2007 90056 008 ****61.25

DOCUMENT # N51177	
1. Entity Name FLORIDA'S FIRST COAST OF GOLF, INC.	

Principal Place of Business 223 12TH AVENUE NORTH SUITE 1 JACKSONVILLE, FL 32250 US	Mailing Address 223 12TH AVENUE NORTH SUITE 1 JACKSONVILLE, FL 32250 US
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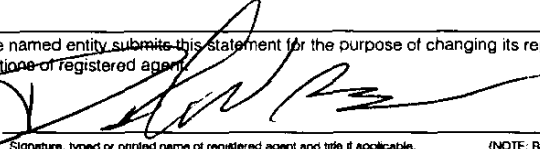


2. Principal Place of Business - No P.O. Box # 415 Pablo Avenue	3. Mailing Address 415 Pablo Avenue
Suite, Apt. #, etc. Suite 102	Suite, Apt. #, etc. Suite 102
City & State Jacksonville Beach, FL	City & State Jacksonville Beach, FL
Zip 32250-5530	Country USA

08132007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent REESE, DAVID W 223 12TH AVENUE NORTH, STE 1 JACKSONVILLE BEACH, FL 32250	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
415 Pablo Avenue, Ste 102	
City Jacksonville Beach	Zip Code FL 32250

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 8/15/07

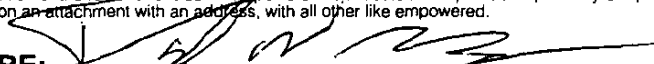
**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARGIN, CATHY 1 KING & BEAR DRIVE STRUG, FL 32092 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRAWFORD, TERRY 500 SOUTH LEGACY TRAIL ST. AUGUSTINE, FL 32092 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GOLDMAN, RICHARD PO BOX 3000 FERNANDINA BEACH, FL 32035 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ORENDER, MG 10161 CENTURIAN PKWY JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRPERSON Cathy Hargin 1 King & Bear Drive St. Aug, FL 32092 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	DATE 8/15/07 (9/11) DAYTIME PHONE # 249-9683