

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N51177

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



Principal Place of Business
**415 PABLO AVENUE
SUITE 102
JACKSONVILLE, FL 32250 US**

Mailing Address
**415 PABLO AVENUE
SUITE 102
JACKSONVILLE, FL 32250 US**



01112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3134620	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**REESE, DAVID W
415 PABLO AVENUE SUITE #102
JACKSONVILLE BEACH, FL 32250**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HARGIN, CATHY 1 KING & BEAR DRIVE SAINT AUGUSTINE, FL 32092
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRAWFORD, TERRY 500 SOUTH LEGACY TRAIL ST. AUGUSTINE, FL 32092
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GOLDMAN, RICHARD PO BOX 3000 FERNANDINA BEACH, FL 32035
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ORENDER, MG 10161 CENTURIAN PKWY JACKSONVILLE, FL 32256
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/18/08-80037-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID Reese
President

Date

1/14/08 904-607-3204

Daytime Phone #