

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51177

FILED  
Jan 13, 2009  
Secretary of State

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

**Current Principal Place of Business:**

415 PABLO AVENUE  
SUITE 102  
JACKSONVILLE, FL 32250 US

**New Principal Place of Business:**

**Current Mailing Address:**

415 PABLO AVENUE  
SUITE 102  
JACKSONVILLE, FL 32250 US

**New Mailing Address:**

**FEI Number:** 59-3134620

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REESE, DAVID W  
415 PABLO AVENUE SUITE #102  
JACKSONVILLE BEACH, FL 32250 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: C ( ) Delete  
Name: HARGIN, CATHY  
Address: 1 KING & BEAR DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: T ( ) Delete  
Name: CRAWFORD, TERRY  
Address: 500 SOUTH LEGACY TRAIL  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: C ( ) Delete  
Name: GOLDMAN, RICHARD  
Address: PO BOX 3000  
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: VC ( ) Delete  
Name: ORENDER, MG  
Address: 10161 CENTURIAN PKWY  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: DAVID W. REESE

RA

01/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date