## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000004320

FILED Apr 08, 2007 Secretary of State

Entity Name: FIRST COAST F100 CLUB OF JACKSONVILLE, FLORIDA, INC.

Current Principal Place of Business:				New Principal Place of Business:			
15610 TISC JACKSON\	N ROAD /ILLE, FL 3221	8 US					
Current Mailing Address:				New Mailing Address:			
15610 TISC JACKSON\	N ROAD /ILLE, FL 3221	8 US					
FEI Number:	59-3056748	FEI Number Applied For ( )	FEI Num	ber Not Appli	cable ( )	Certificate of Status	Desired ( )
Name and	Address of Cu	rrent Registered Agent	:	Name and	Address of	New Registered Ag	jent:
WILSON, R 15610 TISC JACKSON\		8 US					
The above in the State		bmits this statement for t	he purpose of	changing it	s registered	office or registered a	gent, or both,
SIGNATUR	E:						
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	S () D WILSON, RICHAR 15610 TISON RO JACKSONVILLE,	AD		Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P () D BLAIR, RONALD 5427 KEYSTONE CASSELBERRY,			Title: Name: Address: City-St-Zip:	MARLOW, G 3744 CAYMA		
Title: Name: Address: City-St-Zip:	TD () C GIVENS, JOHN T 15605 TISON RD JACKSONVILLE,			Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () D MANN, WANDA E 2138 WATER BLU JACKSONVILLE,	JFF DR		Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () C MARLOW, GARY 3744 CAYMAN CI FERNANDINA BE	R		Title: Name: Address: City-St-Zip:	BLAIR, RONA 5427 KEYST		
Title: Name: Address: City-St-Zip:	D () C MAYFIELD, JOSE 2612 KAYLOR LA JACKSONVILLE,	NE		Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD WILSON S 04/08/2007