


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90031 004 ****61.25

DOCUMENT # N93000004320 1. Entity Name FIRST COAST F100 CLUB OF JACKSONVILLE, FLORIDA, INC.					
Principal Place of Business 15610 TISON ROAD JACKSONVILLE, FL 32218 US			Mailing Address 15610 TISON ROAD JACKSONVILLE, FL 32218 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03122008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3056748	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILSON, RICHARD 15610 TISON ROAD JACKSONVILLE, FL 32218				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 <u><i>Richard Wilson</i></u> March 12, 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, RICHARD 15610 TISON ROAD JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARLOW, GARY 3744 CAYMAN CIR FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GIVENS, JOHN T 15605 TISON RD JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANN, WANDA E 2138 WATER BLUFF DR JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLAIR, RONALD 5427 KEYSTONE DR N JACKSONVILLE, FL 32707	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYFIELD, JOSEPH R 2612 KAYLOR LANE JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOYD HOLMES 2604 CANEY CT. JACKSONVILLE, FL 32218	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARLOW, GARY 3744 CAYMAN CIR FERNANDINA BEACH, FL 32034	<input checked="" 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: <u><i>Richard Wilson</i></u> March 12, 2008 904591-6018 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					