


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90283 039 ****61.25

DOCUMENT # N97000001116	
1. Entity Name THE ATLANTIC COAST LIVERY ASSOCIATION, INC.	

Principal Place of Business 1061 JAMAICA ROAD EAST JACKSONVILLE, FL 32216	Mailing Address 10290 NEW BERLIN ROAD STE 100 JACKSONVILLE, FL 32226 US
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94054712



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04142004 Chg-NP CR2E037 (10/03)

City & State	City & State
Zip	Country

4. FEI Number 59-3506757	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
THOMPSON, SALLY JOANNE 1061 JAMAICA ROAD EAST JACKSONVILLE, FL 32216	

7. Name and Address of New Registered Agent	
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	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2004	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
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10. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	VANTUIN, JON
STREET ADDRESS	14125 BEACH BLVD
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	SMITH, CRAIG
STREET ADDRESS	11463 SAINTS RD
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	SD <input type="checkbox"/> Delete
NAME	STEVENS, PILAR
STREET ADDRESS	10151 DEERWOOD PARK BLVD BLDG 100 STE 100
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D <input type="checkbox"/> Delete
NAME	CASTLE, LAURIE
STREET ADDRESS	4900 US N STE 800
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32095
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sally Thompson
STREET ADDRESS	10290 New Berlin Rd. Ste. 100
CITY-ST-ZIP	Jacksonville, FL 32226
TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mike Thompson
STREET ADDRESS	1421 St. George Ct.
CITY-ST-ZIP	Middleburg, FL 32068
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Laurie Castle</i>	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		