

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90417 032 ****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**

2. Principal Place of Business
4900 US 1 North

3. Mailing Address
Same as Biz

Suite, Apt. #, etc.
Suite 800

Suite, Apt. #, etc.

03272006 Chg-NP CR2E037 (11/05)

City & State
St. Augustine FL

City & State

4. FEI Number
59-3506757

Applied For
Not Applicable

Zip
32095

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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
Castle, Laurie A.

Street Address (P.O. Box Number is Not Acceptable)
4900 US 1 North

Ste. 800

City
St. Augustine

FL

Zip Code
32095

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

Laurie A. Castle

Laurie A. Castle

3-28-06

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

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	P	<input checked="" type="checkbox"/> Delete
NAME	RIDDLE, MICHELE	
STREET ADDRESS	14125 BEACH BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	NICHOLSON, BYRD	
STREET ADDRESS	1805 STERNWHEEL DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michelle Riddle	
STREET ADDRESS	11463 Saints Rd.	
CITY-ST-ZIP	Jacksonville, FL 32246	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nicholson, Byrd	
STREET ADDRESS	1805 Sternwheel Dr	
CITY-ST-ZIP	Jacksonville, FL 32223	
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		
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 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:

Laurie A. Castle

Laurie A. Castle

3-28-06

904-827-1003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #