2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# N97000001116

Entity Name: THE ATLANTIC COAST LIVERY ASSOCIATION, INC.

Current Principal Place of Business:

4900 US 1 N
STE 800
SAINT AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

4900 US 1 N
STE 800
SAINT AUGUSTINE, FL 32095 US

New Mailing Address:

FEI Number: 59-3506757 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTLE, LAURIE A
4900 US 1 N
STE 800
SAINT AUGUSTINE, FL 32095 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: P ( ) Delete
Name: RIDDLE, MICHELLE
Address: 11463 SAINTS RD
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP ( ) Delete
Name: NICHOLSON, BYRD
Address: 1805 STERNWHEEL DR
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD ( ) Delete
Name: STEVENS, PILAR
Address: 10151 DEERWOOD PARK BLVD BLDG 100 STE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: CASTLE, LAURIE
Address: 4900 US N STE 800
City-St-Zip: SAINT AUGUSTINE, FL 32095

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: LAURIE A CASTLE D 04/28/2007

Electronic Signature of Signing Officer or Director — Date