

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003746

FILED
Mar 14, 2007
Secretary of State

Entity Name: FIRST COAST SHAG CLUB, INC.

Current Principal Place of Business:

8595 BEACH BLVD
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 551424
JACKSONVILLE, FL 32255 US

New Mailing Address:

FEI Number: 59-3446698 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOE, WILLIAM G JR.
599 ATLANTIC BLVD. STE. 6
ATLANTIC BEACH, FL 32233 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: PD () Delete
Name: MYLOD, JANIS
Address: 3763 HUNT CLUB RD
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: D () Delete
Name: HYDE, VICKIE
Address: 5334 WHITNEY STREET
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: D () Delete
Name: COPELAND, PAT
Address: 4124 PINEY BR CT
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: TD () Delete
Name: PERRY, LINDA L
Address: 8417 FRONTERA CIRCLE
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: S () Delete
Name: DEFRANK, DOLORES S
Address: 13789 SEA MIST DR
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: B () Delete
Name: KING, BOB
Address: 920 RIVER ROAD
City-St-Zip: ORANGE PARK, FL 32073 US

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: TD (X) Change () Addition
Name: HENRY, ANNE R
Address: 3849 HABERSHAM FOREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32223 US

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 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: ANNE R. HENRY

TD

03/14/2007

Electronic Signature of Signing Officer or Director

Date