

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90298 049 ****70.00

DOCUMENT # N97000004906

1. Entity Name
**FIRST COAST FLY FISHERS CLUB OF JACKSONVILLE,
FLORIDA, INC.**



Principal Place of Business
**DICK CHOATE
12862 QUAILBROOK DRIVE
JACKSONVILLE, FL 32224 US**

Mailing Address
**P.O. BOX 16260
JACKSONVILLE, FL 32245-6260 US**

50011576



2. Principal Place of Business

216 Rivers Edge South
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

04072006 Chg-NP CR2E037 (11/05)

City & State

St. Augustine, FL

City & State

Zip

Country

Zip

Country

32692

U.S.

4. FEI Number
59-3242778

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOORE, DOUG
12094 NEW BERLIN ROAD
JACKSONVILLE, FL 32225**

7. Name and Address of New Registered Agent

Name **Mike McQuiston**
Street Address (P.O. Box Number is Not Acceptable)
216 Rivers Edge South
City **St. Augustine** FL Zip Code **32692**

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

Mike McQuiston

Mike McQuiston

April 10, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	DP CHOATE, DICK 12862 QUAILBROOK DRIVE JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FROELICH, SHARON 212 PUEBLA ROAD SAINT AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCULLY, JIM 40 SEA MARSH ROAD FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORFORD, JOHN 1483 COURSE VIEW DRIVE ORANGE PARK, FL 32003	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, DOUG 12099 NEW BERLIN ROAD JACKSONVILLE, FL 32226	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUMAN, ROBERT 1901 N SHERRY DRIVE ATLANTIC BEACH, FL 32233	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Mike McQuiston 216 Rivers Edge South St. Augustine, FL 32692	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T Lewis M. Holliday 3041 Southern Hills Circle West Jacksonville, FL 32225	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V Richard Clark 804 Granada Blvd. South Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V George Durrance 2023 Cherokee Drive Neptune Beach, FL 32266	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Greg Durrance 12225 Mandarin Road Jacksonville, FL 32223	<input type="checkbox"/> Change <input checked="" 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:

Lewis M. Holliday **Lewis M. Holliday**

4/7/06

904-646-3317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #