

FILED
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Secretary of State

05-03-2007 90049 050 ****70.00

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N97000004906			
1. Entity Name FIRST COAST FLY FISHERS CLUB OF JACKSONVILLE, FLORIDA, INC.			
Principal Place of Business 216 RIVERS EDGE S SUWANNEE, FL 32692 US		Mailing Address P.O. BOX 16260 JACKSONVILLE, FL 32245-6260 US	
2. Principal Place of Business - No P.O. Box # 13 Sailfish Dr Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Ponte Vedra Beach, FL		City & State	
Zip 32082	Country USA	Zip	Country
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 MCQUINTON, MIKE 216 RIVERS EDGE S SUWANNEE, FL 32692		7. Name and Address of New Registered Agent Name Sheasley, Jason Street Address (P.O. Box Number is Not Acceptable) 13 Sailfish Dr. City Ponte Vedra Beach FL Zip Code 32082	
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 <u>Jason Sheasley</u> <u>Jason C. Sheasley</u> Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when resigning) DATE			
Filing Fee is \$61.25 Due by May 1, 2007		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MCQUESTON, MIKE 216 RIVERS EDGE S SUWANNEE, FL 32692 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Sheasley, Jason 13 Sailfish Dr. Ponte Vedra Beach, FL 32082 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT HOLLIDAY, LEWIS M 3041 SOUTHERN HILLS CIR W JACKSONVILLE, FL 32225 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCULLY, JIM 40 SEA MARSH ROAD FERNANDINA BEACH, FL 32034 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CLARK, RICHARD 804 GRANADA BLVD S JACKSONVILLE, FL 32207 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Santas Rich 8550 Touchton Rd., No. 1111 Jacksonville, FL 32216 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV DURRANCE, GEORGE 2023 CHEROKEE DR NEPTUNE BEACH, FL 32266 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Huband Woody 1252 Campbell Circle Jacksonville, FL 32207 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS DURRANCE, GREG 12225 MANDARIN RD JACKSONVILLE, FL 32223 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS Bernardo Robert 103 Crows Lake Dr. Ponte Vedra Beach, FL 32082 ☐ Change ☒ 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: <u>Theresa M. Holliday</u> Treasurer 6/1/07 (904) 646-3217 Signature and typed or printed name of signing officer or director			