

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004906

FILED  
Feb 25, 2010  
Secretary of State

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

**Current Principal Place of Business:**

112 RIVERS EDGE RD. N.  
ST. AUGUSTINE, FL 32092 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX16260  
JACSONVILLE, FL 32245 US

**New Mailing Address:**

112 RIVERS EDGE RD. N.  
ST. AUGUSTINE, FL 32092 US

**FEI Number:** 59-3242778

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADAMS, JOHN  
112 RIVERS EDGE RD. N.  
ST. AUGUSTINE, FL 32092 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: DP  
Name: BENARDO, ROBERT  
Address: 103 CANES LAKE DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DT  
Name: ADAMS, JOHN B  
Address: 112 RIVERS EDGE RD. N.  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: DVP  
Name: HOLT, DENNIS  
Address: 11643 FERCORNE CR.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: DV  
Name: BRAVO, BRAD  
Address: 936 HARBOR LANE  
City-St-Zip: JACKSONVILLE, FL 32207

I hereby 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 all other like empowered.

SIGNATURE: JOHN B. ADAMS

DT

02/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date