

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90017 047 ****61.25

DOCUMENT # N98000002063		
1. Entity Name FIRST COAST SAILING ASSOCIATION, INC.		

Principal Place of Business 1301 RIVERPLACE BLVD #1500 JACKSONVILLE, FL 32207	Mailing Address 1301 RIVERPLACE BLVD #1500 JACKSONVILLE, FL 32207
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94010404

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01252004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3536433		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CROSS, VICKI L 4385 BALLINGER DRIVE JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

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	PD CALLAHAN, JAMES 7746 DEERWOOD POINT JACKSONVILLE, FL 32256 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DAVIS, TOM 1758 BOLTON ABBEY DRIVE JACKSONVILLE, FL 32223 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALLSOOP, RICHARD 3385 SEQUOIA ROAD ORANGE PARK, FL 32065 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Allsopp ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRICKLAND, DAVE 12534 GENTLE KNOLL COURT JACKSONVILLE, FL 32258 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOLVERTON, BOB 4332 LONGFELLOW STREET JACKSONVILLE, FL 32210 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIDGETT, DON 12050 CRANEFoot DRIVE JACKSONVILLE, FL 32223 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hal Neill 12116 Oldfield Point Dr. Jacksonville, FL 32223 ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/04 904-346-5536