


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90053 024 ****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 C/O VICKI L. CROSS 1301 RIVERPLACE BLVD #1500 JACKSONVILLE, FL 32207
---	---

50013176



02032005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3536433	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CROSS, VICKI L 4385 BALLINGER DRIVE JACKSONVILLE, FL 32207		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, 2005**

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	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, TOM		NAME		
STREET ADDRESS	1758 BOLTON ABBEY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLSAPP, RICHARD		NAME	Allsopp, Richard	
STREET ADDRESS	3385 SEQUOIA ROAD		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32065		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRICKLAND, DAVE		NAME		
STREET ADDRESS	12534 GENTLE KNOLL COURT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32258		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOOLVERTON, BOB		NAME	Woolverton, Bob	
STREET ADDRESS	4332 LONGFELLOW STREET		STREET ADDRESS	3551 St. Johns Avenue	
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEILL, HAL		NAME	Neill, Hal	
STREET ADDRESS	12116 OLD FIELD PAINT DR.		STREET ADDRESS	12116 Oldfield Pointe Drive	
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Gilbert, Don	
STREET ADDRESS			STREET ADDRESS	10348 Huntington Forest Boulevard	
CITY-ST-ZIP			CITY-ST-ZIP	Jacksonville, FL 32257	

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: *David C. Strickland* 2-7-2005 904-262-0442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #