

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90024 003 ****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**

4000500A



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3536433

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **GILBERT, DON**
STREET ADDRESS **10348 HUNTINGTON FOREST BLVD**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE **SD** ☐ Change ☒ Addition
NAME **Adam Norwood**
STREET ADDRESS **2149 Minerva Street**
CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE **SD** ☐ Delete
NAME **ALLSOPP, RICHARD**
STREET ADDRESS **3385 SEQUOIA ROAD**
CITY-ST-ZIP **ORANGE PARK, FL 32065**

TITLE **VD** ☒ Change ☐ Addition
NAME **Allsopp, Richard**
STREET ADDRESS **3385 Sequoia Road**
CITY-ST-ZIP **Orange Park, FL 32065**

TITLE **PD** ☒ Delete
NAME **STRICKLAND, DAVE**
STREET ADDRESS **12534 GENTLE KNOLL COURT**
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

TITLE **D** ☐ Change ☒ Addition
NAME **Hal Runnfeldt**
STREET ADDRESS **3195 Creighton Landing**
CITY-ST-ZIP **Orange Park, FL 32003**

TITLE **SD** ☐ Delete
NAME **WOOLVERTON, BOB**
STREET ADDRESS **3551 ST JOHNS AVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **PD** ☒ Change ☐ Addition
NAME **Woolverton, Bob**
STREET ADDRESS **3551 St Johns Ave**
CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE **TD** ☐ Delete
NAME **NEILL, HAL**
STREET ADDRESS **12116 OLDFIELD POINTE DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/06