


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State

01-29-2007 90070 012 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3536433	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when amending) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	T/D Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORWOOD, ADAM		NAME	Norwood, Adam	
STREET ADDRESS	2149 MINERVA ST.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	P/D President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLSOPP, RICHARD		NAME	Allsopp, Richard	
STREET ADDRESS	3385 SEQUOIA ROAD		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32065		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	S/D Secretary/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUNNFELDT, HAL		NAME	Runnfeldt, Hal	
STREET ADDRESS	3195 CREIGHTON LANDING		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32003		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOOLVERTON, BOB		NAME		
STREET ADDRESS	3551 ST JOHNS AVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VP/D Vice President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEILL, HAL		NAME	Neill, Hal	
STREET ADDRESS	12116 OLDFIELD POINTE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Todd Tippin Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	4958 Ortega Blvd.	
STREET ADDRESS			STREET ADDRESS	Jacksonville, FL 32210	
CITY-ST-ZIP			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: <i>K. E. [Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>			Date: 1/24/07 Daytime Phone: 904 278 0329		