

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004798

FILED
Jan 29, 2007
Secretary of State

Entity Name: FIRST TEE OF ST. JOHNS COUNTY, INC.

Current Principal Place of Business:

4401 CYPRESS LINKS BLVD
ELKTON, FL 32033

New Principal Place of Business:

Current Mailing Address:

4401 CYPRESS LINKS BLVD
ELKTON, FL 32033

New Mailing Address:

FEI Number: 59-3595774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELMS, JEFF
400 NORTH PONCE DE LEON BLVD
ST. AUGUSTINE, FL 32084 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: BC () Delete
Name: GLOD, DAN
Address: 663 HANNAH PARK LANE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: P () Delete
Name: PEARCE, JOE
Address: 113 LAGOON FORREST
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S () Delete
Name: JACKSON, THOMAS
Address: 917 CHIPPEWA STREET
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: ED () Delete
Name: LAVERCOMBE, ELLIOTT
Address: 997 BECKINGHAM DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: TUCKER, WES
Address: 4900 CYPRESS LINKS BLVD
City-St-Zip: ELKTON, FL 32033

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ELLIOTT M. LAVERCOMBE

ED

01/29/2007

Electronic Signature of Signing Officer or Director

Date