

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004798

FILED
Jan 05, 2012
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:

4401 CYPRESS LINKS BLVD
ELKTON, FL 32033

FEI Number: 59-3595774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TREFRY, EARL C
7645 GATE PARKWAY SUITE 101
JACKSONVILLE, FL 32256 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: P
Name: TREFRY, CHIP
Address: 7645 GATE PARKWAY SUITE 101
City-St-Zip: JACKSONVILLE, FL 32256

Title: T
Name: LOCASALE, TOM
Address: 20 LINDA MAR DRIVE
City-St-Zip: ST. AUGUSTINE BEACH, FL 32080

Title: S
Name: JENNISON, WESLEY
Address: 9750 JAMES ISLAND TRAIL
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP
Name: ROBERTS, RICK
Address: 108 MARSHALL CREEK DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: ED
Name: LAWRENCE, THOMAS J
Address: 4401 CYPRESS LINKS BLVD.
City-St-Zip: ELKTON, FL 32033

I hereby 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 all other like empowered.

SIGNATURE: THOMAS J. LAWRENCE

ED

01/05/2012

Electronic Signature of Signing Officer or Director

Date