2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006 8:00 am
Secretary of State
07-07-2006 90001 001 ****61.25

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DOCUMENT # 701313

1. Entity Name
ROTARY CLUB OF JACKSONVILLE, FLORIDA

Principal Place of Business	Mailing Address
9487 REGENCY SQ BLVD STE 135 JACKSONVILLE, FL 32225 US	9487 REGENCY SQ BLVD STE 135 JACKSONVILLE, FL 32225 US

07052006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
9127 Ft. Caroline Rd	9127 Ft. Caroline Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32225 Country: US	Zip: 32225 Country: US

4. FEI Number 59-0428460 ☐ Applied For ☐ Not Applicable

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
GORDON, R W SUITE 2801 INDEPENDENT SQ JACKSONVILLE, FL 32202	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 September 6, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P COLYER, MD, ROBERT F. 4145 VENETIA JACKSONVILLE, FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MELHOLLAND, SEAN mulholland 10 S NEWMAN ST JACKSONVILLE, FL 32202		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Mulholland, Sean 221 E. Adams St Jax., FL 32202
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAY, J. WILLIAM 2 COVE ROAD PONTE VEDRA BEACH, FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition D Cindy Stover 1200 Riverplace Blvd Ste 830 Jax FL 32207
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Mario Funcheon 5/31/06 9043536789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #