FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

N27209 DOCUMENT #
1. Corporation Name

(8)

NAVY .	IACKSONVILLE YACHT CLI	JB, INC.			 		
Principal Place	of Business	Mailing Address			i 400 41 60 414 150		
% COMMODORE % COMMODOR P.O. BOX 29 P.O. BOX 29							
			JACKSONVILLE FL 32212				
					3. Date Incorporated or Qualified 06/29/1988	3a. Date of Last Report 04/20/1995	
	ace of Business	2a. Mailing Address			4. FEI Number 59-2896605	Applied For	
21 Suite Apt # etc		26			39-2090003	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing		
23		28			Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Coun	try	8. This corporation has liability for		
24	25	29	30			Yes X No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New	Registered Agent	
			[1	Name	CITADO ADMONDOMO		
RICHARD ARMSTRONG			1		RICHARD ARIISTRONG Street Address (P.O. Box Number is Not Acceptable)		
4055 PINTO RD				40	55 PINTO ROAD		
MIDDLES			{	33	~		
JACKSO	NVILLE FL 32068		1	34 City		85 Zin Code	
				MT.	DDLEBUR	FL 85 Zip Code 3 2 0 6 8	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
familiar with, and agent the obligations of Section 617.0503, Florida Statutes.							
SIGNATURE _	Signature, typied or printed name of registered agent	trong				3/18/96	
12,	signature, typed or printed name of registered agent OFFICERS ANI		JIE: Hegistered A	gent signature r	equired when renstating) ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TiTL	F	PD	Change Addition	
NAME	ARMSTRONG, RICHARD		1.2 NAN		ARMSTRONG, RICHAR		
STREET ADDRESS	4055 PINTO RD			EET ADDRESS	4055 PINTO RD MID		
CITY-ST-ZIP	MIDDLEBURG FL			r-ST-ZIP	4000 TIME NO TIES.	Danbono la Color	
TITLE	VD	DELETE	2.1 TiTL		VD	☐ Change ☐ Addition	
NAME	EBERSOLE, STEVEN		2.2 NAN	đĒ	HAMBLIN, STUART		
STREET ADDRESS	311 WESTLEY RD		2.3 STR	EET ADDRESS	5174 S. RAINEY AV	E ORANGE PARK FL	
CITY-ST-ZIP	GREEN COVE SPRINGS FL		2 4 017	Y-SI-ZIP		32065	
TITLE	DS	DEFELE	3 1 TiTL	E	DS	Change Addition	
NAME .	MULLINS, ANNE		3.2 NAM	ME	HAMBLIN, MARILYN		
STREET ADDRESS	615 CHARLES CAROL		3.3 STR	eet address	5174 S. RAINEY AV	E	
CITY - ST - ZIP	ORANG PARK FL			Y-SI-ZIP	ORANGE PARK FL 32	065	
TITLE	DT PETON	☐ DELETE	4.1 TITL	E	DT	Change Addition	
NAME	SHOULTS, BETSY		4. 2 NAI		SHOULTS, BETSY		
STREET ADDRESS	689 SAN ROBAR DR			EET ADDRESS	689 SAN ROBAR DR		
CHY-ST-ZIP	ORANGE PARK FL	DELETE		- ST - ZIP	ORANGE PARK FL 32	073	
TITLE	D OVERTON DATE		5.1 TITL		D	Change Addition	
NAME CIDEET ASSURES	OVERTON, PAUL 5112 OAKSIDE DRIVE		5.2 NAM		OVERTON PAUL		
STREET ADDRESS	JACKSONVILLE FL			EET ADDRESS	5112 OAKSIDE DRIV		
CITY-ST-ZIP TITLE	D D	DELETE	5.4 CITY 6.1 TITL	r - ST - ZIP	JACKSONVILLE FL	32244 Change Addition	
NAME	TANIER, TED		6.1 IIIL 6.2 NAM		D	Change C Addition	
STREET ADDRESS	6803 LONDON BRIDGE LANE				STEWART, WALTER		
CITY-ST-ZIP	JACKSONVILLE FL	· •		EET ADDRESS	845 MILWAUKEE AVE		
0111-31-71	VIVITUEL IL		6.4 CHY	r-S1-ZIP	ODANCE PARK FL 3	2073	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for fire exemption stated in Section 119.07(3)(x). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/19/96 772 2568 (148)