2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 8:00 am
Secretary of State
07-27-2005 90046 041 ****61.25

DOCUMENT # N27209

1. Entity Name
NAVY JACKSONVILLE YACHT CLUB, INC.

50057860

01252005 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
% COMMODORE P.O. BOX 29 JACKSONVILLE, FL 32212	% COMMODORE P.O. BOX 29 JACKSONVILLE, FL 32212

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2896605 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHOULTS, NEIL W
689 SAN ROBAR DR.
ORANGE PARK, FL 32073

7. Name and Address of New Registered Agent

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 Treasurer Neil W Shoultz Neil W Shoultz DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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	PD WOOD, BRUCE 6067A ARROW COURT JACKSONVILLE, FL 32212	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Spickelmier, Steve 9088 Southwark Drive Jacksonville FL, 32257	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DEPALMA, ELMER 1800 OLD FLEMING GROVE RD. GREEN COVE SPRINGS, FL 32043	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Bailey, Jeannie 5041 Nola Court Jacksonville, FL. 32210	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HOLCOMB, LEROY J 5906 RENAULT DRIVE WEST JACKSONVILLE, FL 32244	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Glover, Carol 913 Floyd Court Green Cove Springs, FL. 32043	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SHOULTS, NEIL W 689 SAN ROBER DR. ORANGE PARK, FL 32073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALSTON, GEORGE 4451 HERSCHEL ST. JACKSONVILLE, FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KYSER, DAVID P 4495-304 ROOSEVELT #234 JACKSONVILLE, FL 32210	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bailey, Dave 5041 Nola Court Jacksonville, FL. 32210	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Steve Spickelmier Steve Spickelmier 7/25/05 904 778 0805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Commodore 2005

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