
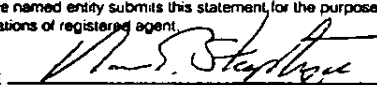



**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

3/1

03-16-2007 90026 025 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # N99000003878</b> 1. Entity Name <b>DEERWOOD COUNTRY CLUB, INC.</b>					
Principal Place of Business 10239 GOLF CLUB DRIVE JACKSONVILLE, FL 32256		Mailing Address 10239 GOLF CLUB DRIVE JACKSONVILLE, FL 32256			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		03072007 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>59-3586713</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STAPLES, ROSCOE E IV</b> <b>9576 GLENN ABBEY WAY</b> <b>JACKSONVILLE, FL 32256</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 		(NOTE: Registered Agent signature required when reappointing)		DATE <u>3/2/07</u>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>HELQUIST, ED</b> <b>7894 HUNTERS GROVE RD.</b> <b>JACKSONVILLE, FL 32256</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <b>Jeffrey Aull</b> <b>8233 Shady Grove Rd</b> <b>Jacksonville, FL 32256</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>BRIDGES, RAY</b> <b>7729 DEERWOOD POINT PLACE</b> <b>JACKSONVILLE, FL 32256</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <b>Ponlie Bethca</b> <b>8152 Swad Oak Lane</b> <b>Jacksonville, FL 32256</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPP <b>CANGEMI, JOHN</b> <b>7551 HOLLYRIDGE RD.</b> <b>JACKSONVILLE, FL 32256</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>IPP</del> Immediate Past President <b>Ed Helquist</b> <b>7894 Hunters Grove Rd.</b> <b>Jacksonville, FL 32256</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>ROWLEY, MICHAEL</b> <b>7852 WOODSDALE RD</b> <b>JACKSONVILLE, FL 32256</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <b>Lee Evans</b> <b>8163 Green Glade Rd.</b> <b>Jacksonville, FL 32256</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>HENDERSON, ALAN</b> <b>8106 WOODPECKER TRAIL</b> <b>JACKSONVILLE, FL 32256</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP</del> Vice President <b>Robb Mitchell</b> <b>6027 Leisure Lane</b> <b>Jacksonville, FL 32256</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <u>3/2/07</u> (904) 644-6100	