

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000004350

**Entity Name:** JACKSONVILLE BOATERS CLUB, INC.

**Current Principal Place of Business:**

1771 FIDDLERS RIDGE DRIVE  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

1771 FIDDLERS RIDGE DRIVE  
FLEMING ISLAND, FL 32003

**FEI Number:** 59-3125281

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HOOPER, PETER GMR.  
13401 MOSSY CYPRESS DRIVE  
JACKSONVILLE, FL 32223 US

*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

**Officer/Director Detail :**

Title C  
Name HOOPER, PETER G  
Address 13401 MOSSY CYPRESS DRIVE  
City-State-Zip: JACKSONVILLE FL 32223

Title RC  
Name BUTCH, ELLIOTT  
Address 411 WALNUT STREET #249  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title VC  
Name BRYAN, ODER  
Address 379 ALEATHA DRIVE  
City-State-Zip: DAYTON BEACH FL 32114

Title TRES  
Name PENNY, TURNER  
Address 1771 FIDDLERS RIDGE DRIVE  
City-State-Zip: ORANGE PARK FL 32003

Title RS  
Name ROZELLE, PERRY  
Address 786 BLANDING BLVD #118  
City-State-Zip: ORANGE PARK FL 32065

Title CS  
Name KATHRYN, HOOPER  
Address 13401 MOSSY CYPRESS DRIVE  
City-State-Zip: JACKSONVILLE FL 32223

*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: ROZELLE PERRY**

**SECRETARY**

**02/05/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date