

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90033 019 ****61.25

DOCUMENT # 700393	
1. Entity Name JACKSONVILLE SAIL AND POWER SQUADRON, INC.	

Principal Place of Business 4345 ORTEGA FARMS CIRCLE JACKSONVILLE FL 32210	Mailing Address 4345 ORTEGA FARMS CIRCLE JACKSONVILLE FL 32210
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-6138222		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent RAY, ANITA 4345 ORTEGA FARMS CIRCLE JACKSONVILLE FL 32210		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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PROPHET, JUDITH L 4324 ORTEGA FARMDS CIRCLE JACKSONVILLE FL 32210 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TOMMASULO, JOHN C 1210 HIDEAWT DN JACKSONVILLE FL 32250 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CALVIN & RAY, C 4345 Ortega Farms Cir Jacksonville FL 32210 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WOHLFELD, BRUCE A 4275 FLAGLER E EST B;VD JACKSONVILLE FL 32259 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	David Damon, R 7930 Bellemade Blvd. S Jacksonville FL 32211 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RAY, ANITA 4345 ORTEGA FARMS CIRCLE JACKSONVILLE FL 32210 ☐ 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
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 Section 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: *Norma Anita Lay* 1/20/06 904-771-5934