

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

FILED
Jan 10, 2007 08:00 AM
Secretary of State

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**



01072007 No Chg-NP

CR2E037 (4/06)

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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**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000581479
01/10/07-80089-015 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PROPHET, JUDITH L
STREET ADDRESS 4324 ORTEGA FARMDS CIRCLE
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE VD
NAME RAY, CALVIN C
STREET ADDRESS 4345 ORTEGA FARMS CIRCLE
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE S
NAME DAMON, DAVID R
STREET ADDRESS 7930 BELLEMEADE BLVD. 5
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE TD
NAME RAY, ANITA
STREET ADDRESS 4345 ORTEGA FARMS CIRCLE
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Norma Anita Ray *Norma Anita Ray* 01/06/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #