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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702638

1. Corporation Name
THE FLORIDA YACHT CLUB, INC.

Principal Place of Business	Mailing Address
5210 YACHT CLUB ROAD JACKSONVILLE FL 32210	5210 YACHT CLUB ROAD JACKSONVILLE FL 32210

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/30/1961
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0248800 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TERRY, R. GORDON JR
5598 FAIRLANE DRIVE
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name: Harold S. O'Steen
82 Street Address (P.O. Box Number is Not Acceptable): 4611 Ortega Blvd.
83: Jacksonville
84 City: Jacksonville **FL** 85 Zip Code: 32210

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Harold S. O'Steen DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROWLAND, DUANE D.		1.2 NAME		
STREET ADDRESS	4605 EXETER ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	D	XX DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	O'STEEN, HAROLD S.		2.2 NAME	John D. Lockwood	
STREET ADDRESS	4611 ORTEGA BLVD		2.3 STREET ADDRESS	4324 Sweet Gum Lane	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		2.4 CITY-ST-ZIP	Jax., Fla. 32210	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BEARD, WIRT A JR.		3.2 NAME		
STREET ADDRESS	4741 ALGONQUIN AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CRABTREE, C. THOMAS		4. 2 NAME		
STREET ADDRESS	4375 GALILEO AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 5.20.99 904.387.1653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #