

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90075 035 ****61.25

DOCUMENT # 702638

1. Entity Name

THE FLORIDA YACHT CLUB, INC.



Principal Place of Business

5210 YACHT CLUB ROAD
JACKSONVILLE FL 32210

Mailing Address

5210 YACHT CLUB ROAD
JACKSONVILLE FL 32210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GRAVES, E. HOLT
4437 HERSCHEL ST.
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name Francis M. Scheu
Street Address (P.O. Box Number is Not Acceptable)
5307 Shorecrest Dr
City Jacksonville FL Zip Code 32210

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEU, FRANCIS M 5307 SHORECREST DRIVE JACKSONVILLE FL 32210 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAVES, E. HOLT 4437 HERSCHEL ST JACKSONVILLE FL 32210 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRBY, JOHN L JR 4320 VENETIA BLVD JACKSONVILLE FL 32210 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENT, FREDERICK H III 4355 SHERWOOD RD. JACKSONVILLE FL 32210 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMPE, WALTER M 4632 ARGONNE LANE JACKSONVILLE FL 32210 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition W.A. McArthur 3844 Timuquana Rd Jacksonville, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 exemption stated in Section 119.07(3)(i), 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

FRANCIS M. SCHEU

2/22/05

Date

904-778-4161

Daytime Phone #