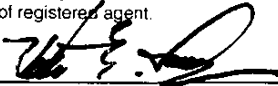
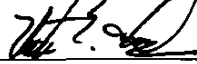


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90034 030 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0248800	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KENTILL, FREDERICK H 4355 SHERAROD RD JACKSONVILLE, FL 32210				Name LAMPE, WALTER M Street Address (P.O. Box Number is Not Acceptable) 4632 ARGONNE LANE 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					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	ROGERS, ARNOLD S		NAME	ROGERS, ARNOLD S	
STREET ADDRESS	3445 RICHMOND ST		STREET ADDRESS	3445 RICHMOND ST	
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MC ARTHUR, W A		NAME		
STREET ADDRESS	3844 TIMUQUANA RD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	S	☒ Change ☐ Addition
NAME	SHAD, MIKE		NAME	SHAD, MIKE	
STREET ADDRESS	5071 YACHT CLUB RD		STREET ADDRESS	5071 YACHT CLUB RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	KENT, FREDERICK H III		NAME		
STREET ADDRESS	4355 SHERWOOD RD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LAMPE, WALTER M		NAME		
STREET ADDRESS	4632 ARGONNE LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	T	☐ Change ☒ Addition
NAME			NAME	THOMAS A BRYAN	
STREET ADDRESS			STREET ADDRESS	6207 ORTEGA FARMS BLVD	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE FL 32244	
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4/24/08					