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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **703918** (3)

1. Corporation Name

ST JOHNS DINNER CLUB INC

Principal Place of Business

Mailing Address

P. O. BOX 27033
JACKSONVILLE FL 32205

P. O. BOX 27033
JACKSONVILLE FL 32205

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

GRAVES, JAMES E. III
2200 SEDGWICK PL
JACKSONVILLE FL 32217

3. Date Incorporated or Qualified

04/19/1962

4. FEI Number

59-1022184

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **OUTLAW, MARY E**
STREET ADDRESS **232 JANELLE LANE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **PARPART, EDMUND R**
STREET ADDRESS **1870 MORNING DOVE LANE**
CITY-ST-ZIP **JACKSONVILLE BCH FL**

TITLE **STD** ☐ DELETE
NAME **GRAVES, JAMES E III**
STREET ADDRESS **2200 SEDGWICK PL**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE **D** ☐ DELETE
NAME **BLOIS, JOHN B.**
STREET ADDRESS **2118 PARK STREET**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE **D** ☐ DELETE
NAME **WATSON, THOMAS C. J**
STREET ADDRESS **2371 BRIDGETTE WAY**
CITY-ST-ZIP **GREEN COVE SPRINGS FL**

TITLE **D** ☐ DELETE
NAME **STRUM, W GRAY**
STREET ADDRESS **4615 LANCELOT LANE**
CITY-ST-ZIP **JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **SNOWDEN, BARBARA A**
1.3 STREET ADDRESS **1575 Bishop Estates Rd**
1.4 CITY-ST-ZIP **Jacksonville FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **S** ☒ Change ☐ Addition
4.2 NAME **DIXON, FRANCES**
4.3 STREET ADDRESS **450 West 70th St**
4.4 CITY-ST-ZIP **Jacksonville FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: **JAMES E. GRAVES III** Treasurer

4-7-98 11-23-1998

CR2E037 (10/97)