

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90022 032 \*\*\*\*61.25

DOCUMENT # 703918

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

3. Date Incorporated or Qualified

04/19/1962

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1022184

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME SNOWDEN, BARBARA A  
STREET ADDRESS 1575 BISHOP ESTATES RD  
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE PD ☐ Change ☐ Addition

1.2 NAME JENNINGS CLYDE

1.3 STREET ADDRESS 319 W 70th St

1.4 CITY-ST-ZIP Jacksonville FL 32208-3908

TITLE D ☐ DELETE

NAME PARPART, EDMUND R  
STREET ADDRESS 1870 MORNING DOVE LANE  
CITY-ST-ZIP JACKSONVILLE BCH FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE

NAME GRAVES, JAMES E III  
STREET ADDRESS 2200 SEDGWICK PL  
CITY-ST-ZIP JACKSONVILLE, FL 00000

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE S ☐ DELETE

NAME DIXON, FRANCES  
STREET ADDRESS 450 W 70TH ST  
CITY-ST-ZIP JACKSONVILLE, FL 00000

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME WATSON, THOMAS C  
STREET ADDRESS 2874 BRIDGETTE WAY  
CITY-ST-ZIP GREEN COVE SPRINGS FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME STRUM, W GRAY  
STREET ADDRESS 4615 LANCELOT LANE  
CITY-ST-ZIP JACKSONVILLE FL

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99  
Date

904-739-0909  
Daytime Phone #

CR2E037 (1/98)