

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90056 046 ****61.25

DOCUMENT # 703918 1. Entity Name ST JOHNS DINNER CLUB INC					
Principal Place of Business 3372 LIGHTHOUSE POINT JACKSONVILLE BEACH, FL 32250			Mailing Address 3372 LIGHTHOUSE POINT JACKSONVILLE BEACH, FL 32250		
2. Principal Place of Business 377 BLAGDON CT Suite, Apt. #, etc.		3. Mailing Address 377 BLAGDON CT Suite, Apt. #, etc.			
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL		4. FEI Number 59-1022184	
Zip 32225		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARKER, F. JAMES 3372 LIGHTHOUSE POINT JACKSONVILLE BEACH, FL 32250			7. Name and Address of New Registered Agent Name KILLION, EDWARD Street Address (P.O. Box Number is Not Acceptable) 377 BLAGDON CT. City JACKSONVILLE FL Zip Code 32225		
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 Edward Killion EDWARD KILLION 2-16-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 P NAME ST. MARIE, EUGENE W STREET ADDRESS 2874 SPANISH COVE TRAIL CITY-ST-ZIP JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete		TITLE P NAME CULP, JAMES STREET ADDRESS 3615 Beauclerc Circle N. CITY-ST-ZIP Jacksonville FL 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PE NAME CULP, JAMES STREET ADDRESS 3615 BEAUCLERC CIRCLE N CITY-ST-ZIP JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete		TITLE PE NAME PARKER, JAMES, F. STREET ADDRESS 3375 Lighthouse Pt. Ln CITY-ST-ZIP Jacksonville Beach, FL 32250	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME PARKER, F. JAMES STREET ADDRESS 3375 LIGHTHOUSE PT LN CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete		TITLE T NAME Edward Killion Edward STREET ADDRESS 377 BLAGDON CT. CITY-ST-ZIP Jacksonville, FL 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME LATHAM, MERLAINE G MRS. STREET ADDRESS 2016 GAIL AVE CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete		TITLE S NAME KRENEK, LORIE STREET ADDRESS 663 WINDHAM CT CITY-ST-ZIP ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE IPP NAME HILL, CHARLOTTE T STREET ADDRESS 2199 ASTER ST # 202 CITY-ST-ZIP ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Delete		TITLE IPP NAME ST. MARIE, Eugene, W. STREET ADDRESS 2874 Spanish Cove Trail CITY-ST-ZIP Jacksonville, FL 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME KRENEK, DONALD STREET ADDRESS 663 WINDHAM COURT CITY-ST-ZIP ORANGE PARK, FL 32073	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: Edward Killion EDWARD KILLION 2/16/05 904-220-0765 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					