

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90423 028 \*\*\*\*61.25

**DOCUMENT # 703918**

1. Entity Name  
**ST JOHNS DINNER CLUB INC**



Principal Place of Business  
**377 BLAGDON CT  
JACKSONVILLE, FL 32225**

Mailing Address  
**377 BLAGDON CT  
JACKSONVILLE, FL 32225**

40076891



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-1022184**

Applied For  
Not Applicable

Zip

Country

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

**KILLION, EDWARD  
377 BLAGDON CT  
JACKSONVILLE, FL 32225**

Name

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

City

**FL**

Zip Code

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, 2006**

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 **P** ☐ Delete  
NAME **CULP, JAMES**  
STREET ADDRESS **3615 BEAUCLEARE CIRCLE N.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE **P** ☒ Change ☐ Addition  
NAME **PARKER, F. JAMES**  
STREET ADDRESS **2375 LIGHTHOUSE PT LN**  
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE **PE** ☐ Delete  
NAME **PARKER, JAIMES F**  
STREET ADDRESS **2375 LIGHTHOUSE PT LN**  
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE **PE** ☒ Change ☐ Addition  
NAME **KILLION, EDWARD J.**  
STREET ADDRESS **377 BLAGDON CT**  
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE **T** ☐ Delete  
NAME **KILLION, EDWARD**  
STREET ADDRESS **377 BLAGDON CT**  
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE **T** ☒ Change ☐ Addition  
NAME **BOSWORTH, WANDA M.**  
STREET ADDRESS **9765 SAN JOSE BLVD**  
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE **S** ☐ Delete  
NAME **KRENECK, LORIE**  
STREET ADDRESS **663 WINDHAM CT**  
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE **S** ☒ Change ☐ Addition  
NAME **KRENECK, LORIE**  
STREET ADDRESS **663 WINDHAM CT**  
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE **IPP** ☐ Delete  
NAME **ST. MARIE, EUGENE W**  
STREET ADDRESS **2874 SPANISH COVE TRAIL**  
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE **IPP** ☒ Change ☐ Addition  
NAME **CULP, JAMES**  
STREET ADDRESS **3615 BEAUCLEARE CIRCLE N**  
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE **D** ☐ Delete  
NAME **KRENEK, DONALD**  
STREET ADDRESS **663 WINDHAM COURT**  
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE **D** ☒ Change ☐ Addition  
NAME **KRENEK, DONALD**  
STREET ADDRESS **663 WINDHAM COURT**  
CITY-ST-ZIP **ORANGE PARK, FL 32073**

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: Wanda Bosworth, Treasurer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 2006  
Date Daytime Phone #