2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #703918



FILED May 01, 2006 8:00 am Secretary of State 05-01-2006 90423 028 ****61.25

Record Place of Business Maling Address Application Applicatio	1. Entity Nam ST JOHN		R CLUB INC											
Suite, Apt. #, etc. Suite Apt. #, etc. Suite Apt. #, etc. D442006 Chg.NP CR2E037 (11/05)	377 BLAGDON CT 377 BLAGD				LAGDON CT	GDON CT			40076831					
City & State	2. Principal Place of Business			3. Mailii	3. Mailing Address									
Country Country Country Country Country Country S. Certificate of Status Desired Se. 75. Anti-Application See Required Se. 75. Anti-Application See Required See R	Suite, Apt. #, etc.			Suite, Apt. #, etc.					04242006	Chg-NP	(CR2E03	7 (11/05)	
S. Certificate of Status Desired Fee Required	City & State			City & State					E0 1022104					
Name Name Street Address (P.O. 3ox Number is Not Acceptable)	Zip	Country			Zip Coul			5. Certificate of			îred			
STRET ADDRESS STRET ADDRES	6. Name and Address of Current Registe			Registered					7. Name and	Address of I	New Reg	istered A	gent	
B. 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	377 BLAGDON CT				Street Address			ddress (f	P.O. Box Numbe	er is Not Acce	ptable)			
B. 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	•	,				ŀ	City						Zip Cod	e
Filing Fee, is \$81.25 Due by May 1, 2006 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PARKER, JAMES GITY-ST-2PP JACKSONVILLE, FL 32257 TITLE PARKER, JAMES STREET ADDRESS CITY-ST-2PP JACKSONVILLE BEACH, FL 32250 TITLE T T NAME KILLION, EDWARD STREET ADDRESS ST	the obligat	tions of regist	tered agent.			· · · · · ·				th, in the State	of Florid	ia. I am fa		
Due by May 1, 2006		Signature, typical	or printed name of registered agent	and little if appli	cable. (NOTE	: Registered	i Agent signatu	ne required	when reinstating)			DATE		
TITLE														
NAME STREET ADDRESS 3615 BEAUCLARE CIRCLE N. JACKSONVILLE, FL 32257 TITLE PARKER, JAIMES F STREET ADDRESS CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 TITLE PARKER, JAIMES F STREET ADDRESS CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 TITLE T T T T T T T T T STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 TITLE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32255 TITLE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32255 TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CI			150						\$5.00 May B Added to Fees	le		e check		
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NAME KILLION, EDWARD STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32073	TITLE NAME STREET ADDRESS	P CULP, JA 3615 BEA	OFFICERS AND DIF MES AUCLARE CIRCLE N.	RECTORS	Trust Fund C	11. TITLE NAME STREE	on. Et adoress	P PARK 2375	Added to Fees ADDITIONS/CH CER, F. LIGHTHO	ANGES TO O JAMES DUSE PT	Florida FFICERS LN	e check Departi	ECTORS IN Change	tate
NAME KRENECK, LORIE STREET ADDRESS 663 WINDHAM CT ORANGE PARK, FL 32073 TITLE IPP NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 TITLE D NAME KRENECK, LORIE 663 WINDHAM CT ORANGE PARK, FL 32073 TITLE IPP CULP, JAMES STREET ADDRESS 3615 BEAUCLERC CIRCLE N CITY-ST-ZIP JACKSONVILLE, FL 32257 TITLE D KRENEK, DONALD STREET ADDRESS 663 WINDHAM COURT ORANGE PARK, FL 32073 TITLE ORANGE PARK, FL 32073 TITLE ORANGE PARK, FL 32257 TITLE ORANGE PARK, FL 32257 TITLE ORANGE PARK, FL 32257 TITLE ORANGE PARK, FL 32073	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P CULP, JA 3615 BEA JACKSON PE PARKER, 2375 LIGH	OFFICERS AND DIF MES AUCLARE CIRCLE N. NVILLE, FL 32257 JAIMES F HTHOUSE PT LN		Trust Fund C	11. TITLE NAME STREE CITY- TITLE NAME STREE	T ADDRESS ST-ZIP	P PARK 2375 JACK PE KILL 377	Added to Fees ADDITIONS/CH CER, F. CONVILLI LION, EDW BLAGDON	ANGES TO O JAMES DUSE PT E BEACH WARD J. CT	FICERS LN FL	AND DIR	ECTORS IN Change	tate 1 10 Addition
NAME ST. MARIE, EUGENE W SIRET ADDRESS 2874 SPANISH COVE TRAIL CITY-ST-ZIP JACKSONVILLE, FL 32257 TITLE D JACKSONVILLE, FL 32257 TITLE D Delete TITLE D CRANGE KRENEK, DONALD SIRET ADDRESS 663 WINDHAM COURT CITY-ST-ZIP ORANGE PARK, FL 32073 TOTAL DELETE TORANGE CULP, JAMES STREET ADDRESS 3615 BEAUCLERC CIRCLE N JACKSONVILLE, FL 32257 TITLE D CRANGE DONALD STREET ADDRESS 663 WINDHAM COURT ORANGE PARK, FL 32073	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P CULP, JA 3615 BEA JACKSON PE PARKER, 2375 LIGI JACKSON T KILLION, 377 BLAG	OFFICERS AND DIF		Trust Fund C	Ontribution 11. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CAME STREE	ET ADORESS ST-ZIP ET ADORESS ST-ZIP ET ADORESS ST-ZIP	P PARK 2375 JACK PE KILL 377 JACK T BOSW 9765	Added to Fees ADDITIONS/CH ER, F. CSONVILLE LION, EDV BLAGDON CSONVILLE FORTH, WA CORTH, WA COR	JAMES JAMES DUSE PT E BEACH VARD J. CT E, FL 3	Florida FFICERS LN , FL	e check a Departs AND DIR 32250	ECTORS IN CX Change CX Change	Addition
NAME KRENEK, DONALD STREET ADDRESS 663 WINDHAM COURT CITY-ST-ZIP ORANGE PARK, FL 32073 KRENEK, DONALD 663 WINDHAM COURT CITY-ST-ZIP ORNAGE PARK, FL 32073	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P CULP, JA 3615 BEA JACKSON PE PARKER, 2375 LIGH JACKSON T KILLION, 377 BLAG JACKSON S KRENECI 663 WIND	OFFICERS AND DIF		Trust Fund C	ONTRIBUTION TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	PARK 2375 JACK PE JACK T BOSW 9765 JACK S KREN 663 ORAN	Added to Fees ADDITIONS/CH KER, F. CONVILLI LION, EDV BLAGDON CSONVILLI ORTH, WA CSONVILLI CORTH, WA CSONVILLI CORTH CO	JAMES DUSE PT E BEACH VARD J. CT E, FL 3 ANDA M. SE BLVD E, FL 3	Florida FFICERS LN , FL 2225	e check a Departu AND DIR	ment of S ECTORS IN A Change Change Change	Addition
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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:

J VOD