2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT #703918

Jan 29, 2007 8:00 am Secretary of State THE SEA

FILED

1. Entity Name ST JOHNS DINNER CLUB INC					01-29-2007 90084 043 ****61.25				
Principal Place 377 BLAGDON JACKSONVILLE	СТ	Mailing Address 377 BLAGDON CT JACKSONVILLE, FL 322	25			15 15181 Han have		BiDs manue	
Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address	. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112007 Chg	-NP	CR2E037 (12	2/06)	
City & State		City & State		-	4. FEI Number 59-1022184				plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of Statu	us Desired		5 Addi Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name					
KILLION, EDWARD 377 BLAGDON CT JACKSONVILLE, FL 32225			Street A	Street Address (P.O. Box Number is Not Acceptable)					
			City		<u> </u>			ip Code	
			City				FL ^c	ip Code	;
	amed entity submits this statement foins of registered agent.	r the purpose of changing its	egistered office or	r registere	ed agent, or both, in th	e State of Flori	ida. I am familia	ar with, a	and accept
SIGNATURE -	Poneture, typed or printed name of registered agent	port title if nearlie white ANTEC	Registered Agent signatu	and the second	when reinstation		DATE		
•	Parametrie, typed or primad have or registered agent	sic sue ir approaces. (NOTE	Lactorised within adults	Mid radiosaci	who i less stating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Cam Trust Fund C			\$5.00 May Be Added to Fees		ke check pay la Departmen		
	•	Trust Fund C		<u></u>		Florid	la Departmen	t of Sta	ate
10.	Oue by May 1, 2007 .OFFICERS AND DIF	Trust Fund Co	ontribution.	<u></u>	Added to Fees	Florid	la Departmen	t of Sta	ate
10.	Due by May 1, 2007	Trust Fund C	ontribution.	<u></u>	Added to Fees	Florid	la Departmen	t of Sta	ate 10
10. TITLE A	Oue by May 1, 2007 OFFICERS AND DIF	Trust Fund Co	11.	<u></u>	Added to Fees	Florid	la Departmen	t of Sta	ate 10
10. TITLE NAME STREET ADDRESS	Oue by May 1, 2007 OFFICERS AND DIF OFFICERS AND DIF PARKER, JAMES F	Trust Fund C	11. IIILE NAME	<u></u>	Added to Fees	Florid	la Departmen	t of Sta	10
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date