


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90084 043 ****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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1022184		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		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: IPP <input type="checkbox"/> Delete NAME: PARKER, JAMES F STREET ADDRESS: 2375 LIGHTHOUSE PT LN CITY-ST-ZIP: JACKSONVILLE BEACH, FL 32250	TITLE: IPP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: PARKER, JAMES F STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: PE <input type="checkbox"/> Delete NAME: KILLION, EDWARD J SMITH, WILSON STREET ADDRESS: 377 BLAGDON CT 13766 MANDARIN RD CITY-ST-ZIP: JACKSONVILLE, FL 32225 32227	TITLE: PE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: SMITH, WILSON STREET ADDRESS: 13706 MANDARIN RD CITY-ST-ZIP: JACKSONVILLE, FL 32227		
TITLE: P <input type="checkbox"/> Delete NAME: BOSWORTH, WANDA M STREET ADDRESS: 9765 SAN JOSE BLVD CITY-ST-ZIP: JACKSONVILLE, FL 32257	TITLE: P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: S <input type="checkbox"/> Delete NAME: KRENECK, LORIE STREET ADDRESS: 663 WINDHAM CT CITY-ST-ZIP: ORANGE PARK, FL 32073	TITLE: T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: WALLER, EDWARD STREET ADDRESS: 9449 PRESTON TRL W CITY-ST-ZIP: PONTEVEDONA BEACH, FL 32082		
TITLE: IPP <input checked="" type="checkbox"/> Delete NAME: CULP, JAMES STREET ADDRESS: 3615 BEAUCLERC CIRCLE N CITY-ST-ZIP: JACKSONVILLE, FL 32257	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: D <input type="checkbox"/> Delete NAME: KRENEK, DONALD STREET ADDRESS: 663 WINDHAM COURT CITY-ST-ZIP: ORANGE PARK, FL 32073	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
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: <u><i>E. C. Culp</i></u>		Date: <u>4/27/07</u> Daytime Phone #: <u>904 2733842</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			