

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90036 004 ****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 # 1769 Greenwood Ave Suite, Apt. #, etc.		3. Mailing Address 1769 Greenwood Ave Suite, Apt. #, etc.	
City & State Jacksonville, FL Zip 32205 Country		City & State Jacksonville, FL Zip 32205 Country	
4. FEI Number 59-1022184		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KILLION, EDWARD 377 BLAGDON CT JACKSONVILLE, FL 32225		7. Name and Address of New Registered Agent Name Jones, William Street Address (P.O. Box Number is Not Acceptable) 1769 Greenwood Ave City Jacksonville FL Zip Code 32205	
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 <i>William E. Jones</i> Signature, typed or printed name of registered agent and title if applicable.		<i>William E. Jones</i> (NOTE: Registered Agent signature required when resigning)	
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	IPP PARKER, JAMES F 2375 LIGHTHOUSE PT LN JACKSONVILLE BEACH, FL 32250 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPP BOSWORTH, Wanda M. 9165 San Jose Blvd Jacksonville, FL 32257 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PG SMITH, WILSON 13766 MANDARIN RD JACKSONVILLE, FL 32223 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PG Waller, Edward 9449 Preston Tr. W. Ponte Vedra Beach, FL 32082 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOSWORTH, WANDA M 9785 SAN JOSE BLVD JACKSONVILLE, FL 32257 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, Wilson 13766 Mandarin Rd Jacksonville, FL 32223 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRENECK, LORIE 663 WINDHAM CT ORANGE PARK, FL 32073 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALLER, EDWARD 9449 PRESTON TR W. PONTE VEDRA BEACH, FL 32082 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Jones, William 1769 Greenwood Ave Jacksonville, FL 32205 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRENEK, DONALD 663 WINDHAM COURT ORANGE PARK, FL 32073 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <i>William E. Jones</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<i>William E. Jones</i> Date 3-25-08 904-387-2684 Daytime Phone #	