2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State
03-05-2004 90017 006 ****61.25

DOCUMENT # 706552

1. Entity Name
ROTARY CLUB OF SOUTH JACKSONVILLE, FLORIDA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 47546 JACKSONVILLE, FL 32247	P.O. BOX 47546 JACKSONVILLE, FL 32247

03012004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-0734082 ☐ Applied For ☐ Not Applicable

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
JOOST, HOBART JR 2401 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	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 Hobart Joost, Jr. Hobart Joost, Jr. 3-2-04
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, 2004

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	PD JOOST, HOBART JR PO BOX 47546 JACKSONVILLE, FL 32247	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President- D Gary Wilkinson PO Box 47546 Jax, FL 32247	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PLOTKIN, JAY PO BOX 47546 JACKSONVILLE, FL 32247	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President- D Jim Stege PO Box 47546 Jax, FL 32247	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JAYCOX, BILL PO BOX 47546 JACKSONVILLE, FL 32247	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary- D Sandra Kessler PO Box 47546 Jax, FL 32247	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STEGE, JIM PO BOX 47546 JACKSONVILLE, FL 32247	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer- D Bill Jaycox PO Box 47546 Jax, FL 32247	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 exemption stated in Section 119.07(3)(i), 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: Gary Wilkinson 3-2-04 (904)396-4105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #