# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 10, 2005 8:00 am**
**Secretary of State**
03-10-2005 90156 026 ****61.25

DOCUMENT # 706552

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

-50024323

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 47546<br>JACKSONVILLE, FL 32247 | P.O. BOX 47546<br>JACKSONVILLE, FL 32247 |

02122005 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<br>2401 INDEPENDENT DRIVE<br>JACKSONVILLE, FL 32202 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 H. Joost, Jr. 3-9-05
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, 2005**

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<br>WILKINSON, GARY<br>P.O. BOX 47546<br>JACKSONVILLE, FL 33247 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President - D<br>Jay Plotkin<br>Po Box 47546<br>Jax., FL 32247 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>STEGE, JIM<br>P.O. BOX 47546<br>JACKSONVILLE, FL 32247 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice President- D<br>Bill Jaycox<br>Po Box 47546<br>Jax., FL 32247 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>KESSLER, SANDRA<br>P.O. BOX 47546<br>JACKSONVILLE, FL 32247 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary - D<br>Robert Harris<br>Po Box 47546<br>Jax., FL 32247 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>JAYCOX, BILL<br>P.O. BOX 47546<br>JACKSONVILLE, FL 32247 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treasurer - D<br>mitch Turknett<br>Po Box 47546<br>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:** Jay Plotkin 3-9-05 (904)396-4105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #