
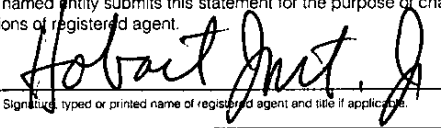
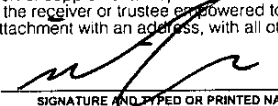


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90364 002 ****61.25

DOCUMENT # 706552 1. Entity Name ROTARY CLUB OF SOUTH JACKSONVILLE, FLORIDA, INC.					
Principal Place of Business P.O. BOX 47546 JACKSONVILLE, FL 32247			Mailing Address P.O. BOX 47546 JACKSONVILLE, FL 32247		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03122006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-0734082				Applied For <input type="checkbox"/> 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		
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 H. Joost, Jr.		
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	President - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILKINSON, GARY		NAME	James Chansler	
STREET ADDRESS	P.O. BOX 47546		STREET ADDRESS	PO Box 47546	
CITY-ST-ZIP	JACKSONVILLE, FL 33247		CITY-ST-ZIP	Jax, FL 32247	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Vice President - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAYCOX, BILL		NAME	Bill Jaycox	
STREET ADDRESS	P.O. BOX 47546		STREET ADDRESS	PO Box 47546	
CITY-ST-ZIP	JACKSONVILLE, FL 32247		CITY-ST-ZIP	Jax, FL 32247	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIS, ROBERT		NAME	Holly Kartsonis	
STREET ADDRESS	P O BOX 47546		STREET ADDRESS	PO Box 47546	
CITY-ST-ZIP	JACKSONVILLE, FL 32247		CITY-ST-ZIP	Jax, FL 32247	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAYCOX, BILL		NAME	Joy Hardaker	
STREET ADDRESS	P.O. BOX 47546		STREET ADDRESS	PO Box 47546	
CITY-ST-ZIP	JACKSONVILLE, FL 32247		CITY-ST-ZIP	Jax, FL 32247	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TURKNETT, MITCH		NAME		
STREET ADDRESS	P O BOX 47546		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32247		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			Bill Jaycox		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		

3-28-06

904-396-4105