

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 707083

(2)

1. Corporation Name

JACKSONVILLE SHELL CLUB, INC.

Principal Place of Business

Mailing Address

1801 BARRS ST., SUITE 705  
JACKSONVILLE FL 32204

1801 BARRS ST., SUITE 705  
JACKSONVILLE FL 32204

only change: Suite 500

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

Suite 500

26 Suite, Apt. #, etc.

Suite 500

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LEE, HARRY G  
SUITE 705, 1801 BARRS ST  
JACKSONVILLE FL 32204

only change:  
Suite 500

3. Date Incorporated or Qualified

03/31/1964

4. FEI Number

59-1785008

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

Suite 500

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME FATU, JOHN H.  
STREET ADDRESS 14149 TOMAS POINT LANE  
CITY-ST-ZIP JACKSONVILLE FL

☒ DELETE

TITLE DV  
NAME LLOYD, CHARLOTTE M.  
STREET ADDRESS 1010 NORT 24TH STREET  
CITY-ST-ZIP JACKSONVILLE BEACH FL

☒ DELETE

TITLE DT  
NAME ST. JOHN, TERESA M.  
STREET ADDRESS 2605 EMILY COURT  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE SD  
NAME JEWELL, D.D.  
STREET ADDRESS 3165 VICTORIA PARK ROAD  
CITY-ST-ZIP JACKSONVILLE FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME Lloyd, Charlotte M.  
1.3 STREET ADDRESS 1010 North 24th Street  
1.4 CITY-ST-ZIP Jacksonville Beach FL

☒ Change ☐ Addition

2.1 TITLE DV  
2.2 NAME Jewell, D.D.  
2.3 STREET ADDRESS 3165 Victoria Park Road  
2.4 CITY-ST-ZIP Jacksonville FL

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME Same as before  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE SD  
4.2 NAME Brown, Billie  
4.3 STREET ADDRESS 1328 14th Avenue North  
4.4 CITY-ST-ZIP Jacksonville Beach FL

☒ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Teresa M. St. John  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Teresa M. St. John

Date

July 9, 1998

(904) 620-2910

Daytime Phone #

FILED  
Jul 16 1998 8:00am  
Secretary of State



CR2E037 (5/98)