

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90018 048 ****61.25

DOCUMENT # 711478

1. Entity Name

SAN JOSE YACHT CLUB, INC.



Principal Place of Business

**7529 SAN JOSE BLVD.
JACKSONVILLE FL 32217**

Mailing Address

**7529 SAN JOSE BLVD.
JACKSONVILLE FL 32217**

54022380

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0587258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

MOORE

CR2E037 (11/03)



6. Name and Address of Current Registered Agent

**SHIRLEY, JOYCE A
4047 MINER CT
JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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

TITLE **PD** ☐ Delete
NAME **FEEKS, EDMOND M**
STREET ADDRESS **9455 CONIFER RD**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **TD** ☐ Delete
NAME **VOYCE, SHIRLEY A**
STREET ADDRESS **4047 MINER RD**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **VB** ☐ Delete
NAME **FRENCH, ROBERT S**
STREET ADDRESS **2221 SEDGEWICK PLACE**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **SD** ☐ Delete
NAME **MCGINN, PEGGY**
STREET ADDRESS **12274 MANDARIN RD**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **TD** ☐ Delete
NAME **FEEKS, EDMOND M**
STREET ADDRESS **9455 CONIFER RD**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **D** ☐ Delete
NAME **CALHOUN, FRANCES**
STREET ADDRESS **6000 SAN DOVE 1106**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **GRINNAN, JAMES A.**
STREET ADDRESS **4576 CORRIENTES CROS**
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE **TD** ☒ Change ☐ Addition
NAME **SHIRLEY, A. JOYCE**
STREET ADDRESS **4047 MINER CT.**
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE **SD** ☐ Change ☐ Addition
NAME **MCGINN, PEGGY**
STREET ADDRESS **12274 MANDARIN RD.**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **VD** ☒ Change ☐ Addition
NAME **LONG, FRANK G. MD.**
STREET ADDRESS **9112 BEAUGLEB CIRCLE W.**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE **D** ☒ Change ☐ Addition
NAME **FISCHETTE, FRANCES C.**
STREET ADDRESS **6000 SAN JOSE 1106**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **PD** ☐ Change ☐ Addition
NAME **FEEKS, EDMOND M.**
STREET ADDRESS **9455 CONIFER RD.**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #