FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **712049** **(6)**

1. Corporation Name

ISLAND CITY CLUB, INC.

Principal Place of Business
ROUTE 2 BOX 315
BLACKROCK RD
YULEE FL 32097

Mailing Address
ROUTE 2 BOX 315
BLACKROCK RD
YULEE FL 32097

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1967
3a. Date of Last Report: 07/26/1994
4. FEI Number: NOT APPLICABLE — Applied For / Not Applicable

2. Principal Place of Business
21 1008 BLACKROCK RD.
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 1008 BLACKROCK RD.
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

DUBBERLY, WILLIAM D, SR
RT 2, BOX 611 BLACKROCK RD
YULEE FL 32097

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1008 BLACKROCK RD.
83
84 City: FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when filed stating _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PATTERSON, JACKIE	1.2 NAME	
STREET ADDRESS	CREWS ROAD	1.3 STREET ADDRESS	
CITY ST ZIP	FERNANDINA BCH, FL 00000	1.4 CITY ST ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	BERNARD, CHARLES	2.2 NAME	
STREET ADDRESS	NASSAUVILLE ROAD	2.3 STREET ADDRESS	
CITY ST ZIP	FERNANDINA BCH, FL 00000	2.4 CITY ST ZIP	
TITLE	TD	3.1 TITLE	☑ Change ☐ Addition
NAME	DUBBERLY, WILLIAM D, SR	3.2 NAME	
STREET ADDRESS	BLACKROCK ROAD	3.3 STREET ADDRESS	→ 1008 BLACKROCK RD.
CITY ST ZIP	YULEE, FL 00000	3.4 CITY ST ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	SATTERWHITE, LYNN	4.2 NAME	
STREET ADDRESS	604 S 7TH STREET	4.3 STREET ADDRESS	
CITY ST ZIP	FERNANDINA BCH, FL 00000	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	JONES, HARRY	5.2 NAME	
STREET ADDRESS	CHESTER ROAD	5.3 STREET ADDRESS	
CITY ST ZIP	YULEE, FL 00000	5.4 CITY ST ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	FAULK, MAURICE	6.2 NAME	
STREET ADDRESS	732 S 15TH STREET	6.3 STREET ADDRESS	
CITY ST ZIP	FERNANDINA BCH, FL 00000	6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: William D. Dubberly Sr — 4-21-95 — 904-261-4494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WILLIAM D. DUBBERLY, SR. T/D

0023037