

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 712049 (6)
1. Corporation Name
ISLAND CITY CLUB, INC.



Principal Place of Business: 1008 BLACKROCK ROAD, BLACKROCK RD, YULEE FL 32097, US
Mailing Address: 1008 BLACKROCK ROAD, BLACKROCK RD, YULEE FL 32097, US

3. Date Incorporated or Qualified: 01/04/1967
3a. Date of Last Report: 05/01/1995
4. FEI Number: NOT APPLICABLE
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

9. Name and Address of Current Registered Agent: DUBBERLY, WILLIAM D, SR, 1008 BLACKROCK ROAD, YULEE FL 32097
10. Name and Address of New Registered Agent (81-85)

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBBERLY, WILLIAM D, SR	3.2 NAME	
STREET ADDRESS	1008 BLACKROCK ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	YULEE, FL 00000	3.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.* T/D
WILLIAM D. DUBBERLY, SR.
Date: 4-22-96
Daytime Phone #: 904-261-4494

CR2E037 (12/95)