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Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32097-3502 US
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3. Date Incorporated or Qualified 01/04/1967	3a. Date of Last Report 04/26/1996
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2. Principal Place of Business 21 1721 CHESTER RD	2a. Mailing Address 26 1721 CHESTER RD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 YULEE FL.	City & State 28 YULEE FL
Zip 24 32097	Country 25 NASSAU
Zip 29 32097	Country 30 NASSAU

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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 Name **CHARLES A. JOHNSON**

82 Street Address (P.O. Box Number is Not Acceptable)
1721 CHESTER RD

83

84 City **YULEE** FL 85 Zip Code **32097**

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 *Charles A. Johnson* (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 checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUBBERLY, WILLIAM D, SR	3.2 NAME	CHARLES A JOHNSON
STREET ADDRESS	1008 BLACKROCK ROAD	3.3 STREET ADDRESS	1721 CHESTER RD
CITY-ST-ZIP	YULEE, FL 00000	3.4 CITY-ST-ZIP	YULEE FL 32097
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 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.

CR2E037 (9/96)