

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 712049 (6)**  
 1. Corporation Name  
**ISLAND CITY CLUB, INC.**



Principal Place of Business <b>1721 CHESTER RD YULEE FL 32097 US</b>	Mailing Address <b>1721 CHESTER RD YULEE FL 32097 US</b>
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3. Date Incorporated or Qualified  
**01/04/1967**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

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. 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

9. Name and Address of Current Registered Agent

**JOHNSON, CHARLES A  
1721 CHESTER RD  
YULEE FL 32097**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	JOHNSON, CHARLES A	3.2 NAME	
STREET ADDRESS	1721 CHESTER RD	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	804 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	

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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: *Charles A. Johnson* 2-19-98 904 261 7148

CP2E037 (10/97)