

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90025 015 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 712049

1. Corporation Name

ISLAND CITY CLUB, INC.

Principal Place of Business

1721 CHESTER RD
 YULEE FL 32097
 US

Mailing Address

1721 CHESTER RD
 YULEE FL 32097
 US



2. Principal Place of Business

21 **3341 Crews Rd N**

2a. Mailing Address

26 **3341 Crews Rd N**

3. Date incorporated or Qualified

01/04/1967

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

23 **Fernandina Bch,**

City & State

28 **Fernandina Bch**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country

24 **32034** 25 **Nassau**

Zip Country

29 **32034** 30 **Nassau**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 **Jackie E. Patterson Sr**
 82 Street Address (P.O. Box Number is Not Acceptable) **3341 Crews Rd N.**
 83
 84 City **Fernandina Bch, FL** 85 Zip Code **32034**

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 **Jackie E. Patterson Sr** **Jackie E. Patterson Sr, President** **3-18-99**
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
NAME	PATTERSON, JACKIE	
STREET ADDRESS	CREWS ROAD	
CITY-ST-ZIP	FERNANDINA BCH, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BERNARD, CHARLES	
STREET ADDRESS	NASSAUVILLE ROAD	
CITY-ST-ZIP	FERNANDINA BCH, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JOHNSON, CHARLES A	
STREET ADDRESS	1721 CHESTER RD	
CITY-ST-ZIP	YULEE, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SATTERWHITE, LYNN	
STREET ADDRESS	604 S 7TH STREET	
CITY-ST-ZIP	FERNANDINA BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, HARRY	
STREET ADDRESS	CHESTER ROAD	
CITY-ST-ZIP	YULEE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FAULK, MAURICE	
STREET ADDRESS	732 S 15TH STREET	
CITY-ST-ZIP	FERNANDINA BCH, FL 00000	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: **Jackie E. Patterson Sr** **Jackie E. Patterson Sr** **3-18-99** **261-5105**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0076028

CR2E037 (11/98)