


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 712049</b> 1. Entity Name <b>ISLAND CITY CLUB, INC.</b>			
Principal Place of Business		Mailing Address	
3341 CREWS RD N FERNANDINA BCH FL 32034 US		3341 CREWS RD N FERNANDINA BCH FL 32034 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PATTERSON, JACKIE E SR 3341 CREWS RD N FERNANDINA BCH FL 32034		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	PATTERSON, JACKIE	NAME	
STREET ADDRESS	CREWS ROAD	STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BCH, FL 00000	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	BERNARD, CHARLES	NAME	
STREET ADDRESS	NASSAUVILLE ROAD	STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BCH, FL 00000	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	JOHNSON, CHARLES A	NAME	
STREET ADDRESS	1721 CHESTER RD	STREET ADDRESS	
CITY-ST-ZIP	YULEE, FL 00000	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SATTERWHITE, LYNN	NAME	
STREET ADDRESS	604 S 7TH STREET	STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BCH, FL 00000	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	JONES, HARRY	NAME	
STREET ADDRESS	CHESTER ROAD	STREET ADDRESS	
CITY-ST-ZIP	YULEE, FL 00000	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	FAULK, MAURICE	NAME	
STREET ADDRESS	732 S 15TH STREET	STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BCH, FL 00000	CITY-ST-ZIP	



1st MOORE CR2E037 (10/05)

4. FEI Number **NO-T APPLICABLE** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

U00000475234  
04/05/06-80007-014 61 25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_