


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90041 023 ****61.25

DOCUMENT # 712049 1. Entity Name ISLAND CITY CLUB, INC.	
---------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 3341 CREWS RD N FERNANDINA BCH FL 32034 US	Mailing Address 3341 CREWS RD N FERNANDINA BCH FL 32034 US
---------------------------------------------------------------------------------	---------------------------------------------------------------------



2. Principal Place of Business - No P.O. Box # 85397 Crews Rd Suite, Apt. #, etc. Fernandina Beach City & State	3. Mailing Address 85397 Crews Rd Suite, Apt. #, etc. Fernandina Beach City & State
-----------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

1st MOORE CR2E037 (10/06)

Zip 32034	Country Nassau	Zip 32034	Country Nassau
--------------	-------------------	--------------	-------------------

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	--------------------------------

6. Name and Address of Current Registered Agent PATTERSON, JACKIE E SR 3341 CREWS RD N FERNANDINA BCH FL 32034	7. Name and Address of New Registered Agent 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PATTERSON, JACKIE CREWS ROAD FERNANDINA BCH, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BERNARD, CHARLES NASSAUVILLE ROAD FERNANDINA BCH, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JOHNSON, CHARLES A 1721 CHESTER RD YULEE, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SATTEWHITE, LYNN 604 S 7TH STREET FERNANDINA BCH, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, HARRY CHESTER ROAD YULEE, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FAULK, MAURICE 732 S 15TH STREET FERNANDINA BCH, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jackie E. Patterson Sr Jackie E. Patterson Sr 904-261-5105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Date