


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED  
Jan 28, 2008 08:00 AM  
Secretary of State**

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



Principal Place of Business: 85397 CREWS RD, FERNANDINA BCH FL 32034 US  
Mailing Address: 85397 CREWS RD, FERNANDINA BCH FL 32034 US



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

1st MOORE CR2E037 (10/07)

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

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

6. Name and Address of Current Registered Agent  
PATTERSON, JACKIE E SR  
3341 CREWS RD N  
FEFNANDINA 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 registering)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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

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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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*

1-22-06 204-261-5105