

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # 717605

1. Entity Name
THE NORTH FLORIDA CRUISING CLUB, INC.



Principal Place of Business
**8262 CATFIELD COURT
JACKSONVILLE, FL 32277 US**

Mailing Address
**P.O. BOX 24268
JACKSONVILLE, FL 32241 US**



04252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1765186	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GEIGER, ALLAN T, ESQUIRE
1301 GULF LIFE DR
SUITE 1500
JACKSONVILLE, FL 32207**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MC CLEMENS, ROBERT 3763 MOORINGS LN. JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELBRACHT, RICK 1557 GREENRIDGE CIRCLE WEST JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, GUY K 1310 LONDON AVE JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, ALAN 4438 BARRINGTON OAKS DR JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIELDS, CHUCK 5902 OAKLAND DRIVE JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERNON, DEAN 1523 NICHOLSON RD. JACKSONVILLE, FL 32207

U00000339628
04/28/05-80085-024 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Chuck Fields
April 26, 2005 904 631-1462