


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90016 009 \*\*\*\*70.00

<b>DOCUMENT # 717605</b>	
1. Entity Name THE NORTH FLORIDA CRUISING CLUB, INC.	

Principal Place of Business 9010 SAN JOSE BLVD JACKSONVILLE, FL 32257 US	Mailing Address P.O. BOX 24268 JACKSONVILLE, FL 32241 US
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2. Principal Place of Business - No P.O. Box # <i>No Change</i>	3. Mailing Address <i>No Change</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



01172008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1765186		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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		7. Name and Address of New Registered Agent Name <i>No Change</i> Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> 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 \_\_\_\_\_  
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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILBERT, DON MR <input type="checkbox"/> Delete 10348 HUNTINGTON FOREST BLVD JACKSONVILLE, FL 32257	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Fields, Charles MR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8756 Springhaven DR Orange Park FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FIELDS, CHARLES MR <input type="checkbox"/> Delete 5902 OAKLANE DRIVE JACKSONVILLE, FL 32244	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSON, GUY MR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NORWOOD, ADAM H MR <input type="checkbox"/> Delete 2149 MINERVA AVENUE JACKSONVILLE, FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARDNER, William <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 854 WORTH RD JACKSONVILLE FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROGERS, JOAN MS <input type="checkbox"/> Delete 13964 SEA PRAIRIE LANE JACKSONVILLE, FL 32224	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NORWOOD, ADAM H. MR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2149 MINERVA AVE JACKSONVILLE FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, LESLI MS <input type="checkbox"/> Delete 1760 GRASSINGTON WAY, SOUTH JACKSONVILLE, FL 32223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARGARET PEAR, MRS. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1523 NICHOLSON RD JACKSONVILLE FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, GUY MR. <input type="checkbox"/> Delete 1310 LONDON AVENUE JACKSONVILLE, FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINTER, KAREN MS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14436 STACEY RD JACKSONVILLE FL 32250

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *William A. Gardner* (904) 382-8701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #