


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90218 010 ****61.25

DOCUMENT # 717760 1. Entity Name NASITRA CLUB, INC.																																																																																																																													
Principal Place of Business PO BOX 9913 JACKSONVILLE, FL 32208			Mailing Address PO BOX 9913 JACKSONVILLE, FL 32208																																																																																																																										
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Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State		City & State																																																																																																																											
Zip	Country	Zip	Country	4. FEI Number 59-2938891																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
6. Name and Address of Current Registered Agent SAPP, SAMUEL E 2417 PALMDALE STREET JACKSONVILLE, FL 32208				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2006		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																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PRIME, JAMES C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7153 RICHARDSON RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32208</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MORGAN II, FRANKL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1448 INA DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>AMELIA ISLAND, FL 32034</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LEWIS, WILLIAM P</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3936 CHARLES D EVERS DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32218</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SHERLES, ROGER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3936 CHARLES D EVERS DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32218</td> <td></td> </tr> <tr> <td>TITLE</td> <td>H</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SAPP, SAMUEL E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2417 PALMDALE ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32208</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">HENRY Ruberson</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>11041 Lydia Estates Dr. West</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>JACKSONVILLE, FL 32218</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input checked="" type="checkbox"/> Delete	NAME	PRIME, JAMES C		STREET ADDRESS	7153 RICHARDSON RD		CITY-ST-ZIP	JACKSONVILLE, FL 32208		TITLE	SD	<input checked="" type="checkbox"/> Delete	NAME	MORGAN II, FRANKL		STREET ADDRESS	1448 INA DR		CITY-ST-ZIP	AMELIA ISLAND, FL 32034		TITLE	TD	<input type="checkbox"/> Delete	NAME	LEWIS, WILLIAM P		STREET ADDRESS	3936 CHARLES D EVERS DR		CITY-ST-ZIP	JACKSONVILLE, FL 32218		TITLE	S	<input type="checkbox"/> Delete	NAME	SHERLES, ROGER		STREET ADDRESS	3936 CHARLES D EVERS DR		CITY-ST-ZIP	JACKSONVILLE, FL 32218		TITLE	H	<input type="checkbox"/> Delete	NAME	SAPP, SAMUEL E		STREET ADDRESS	2417 PALMDALE ST		CITY-ST-ZIP	JACKSONVILLE, FL 32208		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	HENRY Ruberson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	11041 Lydia Estates Dr. West		STREET ADDRESS	JACKSONVILLE, FL 32218		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		
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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: <u><i>Samuel E. Sapp</i></u> 4-23-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													
<small>Date</small> <small>Daytime Phone #</small>																																																																																																																													