

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722662

FILED
Jan 04, 2006
Secretary of State

Entity Name: CAPTAIN'S CLUB, INC.

Current Principal Place of Business:

13363 BEACH BLVD
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 50512
JACKSONVILLE BEACH, FL 32240 US

New Mailing Address:

FEI Number: 59-1564735 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIPSON, ROBERT M
14660 STACEY RD
JACKSONVILLE, FL 32250 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEVESQUE, DAVID
Address: 8028 CONCORD BLVD. W.
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: S () Delete
Name: BRIDGES, HAROLD
Address: 14739 PLUMOSA DR.
City-St-Zip: JACKSONVILLE, FL 32250 US

Title: T () Delete
Name: BROWN, JUDY
Address: 3325 SILVER PALM DR.
City-St-Zip: JACKSONVILLE, FL 32250 US

Title: CD () Delete
Name: FRICANO, SAM
Address: 3644 FALLON OAKS DR.
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: D () Delete
Name: GIPSON, ROBERT
Address: 14660 STACEY RD.
City-St-Zip: JACKSONVILLE, FL 32250 US

Title: VP () Delete
Name: REYNOLDS, JUDY
Address: 126 SAPELO RD.
City-St-Zip: JACKSONVILLE, FL 32216 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: FRICANO, SAM
Address: 3644 FALLON OAKS DR.
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: WOODRUFF, JACK
Address: 4206 SEABREEZE DR.
City-St-Zip: JACKSONVILLE, FL 32250 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT GIPSON

D

01/04/2006

Electronic Signature of Signing Officer or Director

Date