

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722662

FILED  
Jan 14, 2008  
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: REYNOLDS, JUDY  
Address: 126 SAPELO RD  
City-St-Zip: JACKSONVILLE, FL 32216 US

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

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

Title: CB ( ) Delete  
Name: HAMMOCK, EMMY  
Address: 6820 RAMOTH DR.  
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: D ( ) Delete  
Name: BRINDLE, BOB  
Address: 4102 STACEY RD. W.  
City-St-Zip: JACKSONVILLE, FL 32250 US

Title: VP ( ) Delete  
Name: VAN, RON  
Address: 4248 RIPKEN CIRCLE E.  
City-St-Zip: JACKSONVILLE, FL 32224 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

Title: D (X) Change ( ) Addition  
Name: DAY, DAVID  
Address: 4305 COQUINA DR.  
City-St-Zip: JACKSONVILLE, FL 32250 US

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

I hereby certify that the information supplied with this filing does not qualify 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: JUDY REYNOLDS

PRES

01/14/2008

Electronic Signature of Signing Officer or Director

Date