2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # 730278

1. Entity Name
THE DEPRESSION GLASS CLUB OF NORTHEAST FLORIDA, INC.

Principal Place of Business	Mailing Address
1234 ARLINGWOOD AVE JACKSONVILLE, FL 32211 US	1234 ARLINGWOOD AVE JACKSONVILLE, FL 32211 US

DO NOT WRITE IN THIS SPACE

01202006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-6559973
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOLLEY, JOEL R JR
1234 ARLINGWOOD AVE
JACKSONVILLE, FL 32211

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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 N/C
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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000001D1922
02/02/06-80064-024 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARROLL, CHARLES
STREET ADDRESS	263 AQUARIUS CIRCLE N
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	TD
NAME	HOLLEY, JOEL R
STREET ADDRESS	1234 ARLINGWOOD AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	VPD
NAME	STEVENS, CAROL
STREET ADDRESS	11002 GRAPE WESTERN LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	SD
NAME	HOLLEY, C. SUE
STREET ADDRESS	1234 ARLINGWOOD AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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.

904-399-

SIGNATURE: Joel R. Holley, Jr Joel R Holley Jr 1-20-06 3119 X124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer Date Daytime Phone #