

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90025 005 \*\*\*\*70.00

**DOCUMENT # 732046**

1. Entity Name  
**SAN MARCO CLUB, INC**



Principal Place of Business  
**1423 SAN MARCO BLVD.  
JACKSONVILLE, FL 32207**

Mailing Address  
**1423 SAN MARCO BLVD.  
JACKSONVILLE, FL 32207**

66412041



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02112004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-6014899**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HIGLEY, RITA  
12496 ATTRILL RD  
JACKSONVILLE, FL 32058**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 file if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **KEY, DAVID**  
STREET ADDRESS **2132 REDFERN RD.**  
CITY- ST- ZIP **JACKSONVILLE, FL 32207**

TITLE **PD** ☐ Change ☒ Addition  
NAME **Thompson, Ingeborg**  
STREET ADDRESS **905 Inwood Terrace**  
CITY- ST- ZIP **Jacksonville, FL 32207**

TITLE **VTD** ☒ Delete  
NAME **HIGLEY, RITA**  
STREET ADDRESS **12496 ATTRILL RD.**  
CITY- ST- ZIP **JACKSONVILLE, FL 32258**

TITLE **VD** ☐ Change ☒ Addition  
NAME **Ken Koch**  
STREET ADDRESS **260 Sara Drive**  
CITY- ST- ZIP **Jacksonville, FL 32218**

TITLE **TD** ☐ Delete  
NAME **HIGLEY, RITA**  
STREET ADDRESS **12496 ATTRILL ROAD**  
CITY- ST- ZIP **JACKSONVILLE, FL 32258**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Nancy Crick**  
STREET ADDRESS **5120 Robert Scott Drive North**  
CITY- ST- ZIP **Jacksonville, FL 32207**

TITLE **SD** ☒ Delete  
NAME **EVANS, JIM**  
STREET ADDRESS **1614 LARUE APT 13**  
CITY- ST- ZIP **JACKSONVILLE, FL 32207**

TITLE **D** ☐ Change ☒ Addition  
NAME **Tommy Fletcher**  
STREET ADDRESS **3859 Paddle Wheel Drive**  
CITY- ST- ZIP **Jacksonville, FL 32257**

TITLE **D** ☒ Delete  
NAME **EVANS, JIM**  
STREET ADDRESS **1614 LARUE APT 13**  
CITY- ST- ZIP **JACKSONVILLE, FL 32207**

TITLE **D** ☐ Change ☒ Addition  
NAME **Elmer Watson**  
STREET ADDRESS **5000 San Jose Blvd., #114**  
CITY- ST- ZIP **Jacksonville, FL 32207**

TITLE **SD** ☒ Delete  
NAME **VICKERS, HELENE M**  
STREET ADDRESS **2847 SCOTT MILL LANE**  
CITY- ST- ZIP **JACKSONVILLE, FL 32203**

TITLE **D** ☐ Change ☒ Addition  
NAME **Bob Kent**  
STREET ADDRESS **1504-2 Hendricks Avenue**  
CITY- ST- ZIP **Jacksonville, FL 32207**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Ingeborg R. Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #