

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732046

Entity Name: SAN MARCO CLUB, INC

FILED
May 01, 2005
Secretary of State

Current Principal Place of Business:

1423 SAN MARCO BLVD.
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1423 SAN MARCO BLVD.
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-6014899 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HIGLEY, RITA
12496 ATTRILL RD
JACKSONVILLE, FL 32058 US

Name and Address of New Registered Agent:

LOGAN, SAMUEL
8342 ROCKY CREEK DR
JACKSONVILLE, FL 32244 US

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: SAMUEL LOGAN

05/01/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THOMPSON, INGEBORG
Address: 905 INWOOD TERR.
City-St-Zip: JACKSONVILLE, FL 32207

Title: VD () Delete
Name: KOCH, KEN
Address: 260 SARA DR.
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD (X) Delete
Name: HIGLEY, RITA
Address: 12496 ATTRILL ROAD
City-St-Zip: JACKSONVILLE, FL 32258

Title: SD (X) Delete
Name: CRICK, NANCY
Address: 5120 ROBERT SCOTT DR. NORTH
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: FLETCHER, TOMMY
Address: 3859 PADDLE WHEEL DR.
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: WATSON, ELMER
Address: 5000 SAN JOSE BLVD. #114
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RADCLIFF, RUTH
Address: 1423 SAN MARCO BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD (X) Change () Addition
Name: LOGAN, SAMUEL
Address: 8342 ROCKY CREEK DR
City-St-Zip: JACKSONVILLE, FL 32244

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

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

Title: PD (X) Change () Addition
Name: FLETCHER, TOMMY
Address: 3859 PADDLE WHEEL DR.
City-St-Zip: JACKSONVILLE, FL 32257

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 Section 119.07(3)(i), 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: SAMUEL LOGAN

TD

05/01/2005

Electronic Signature of Signing Officer or Director

Date