

**NONPROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS



STATE OF FLORIDA  
 SECRETARY OF STATE  
 KATHERINE HARRIS

**DOCUMENT # 740478**

1. Corporation Name  
**THE ROYAL VAGABONDS CLUB**

Principal Place of Business  
 1355 GROTHE STREET  
 JACKSONVILLE FL 32209

Mailing Address  
 1355 GROTHE STREET  
 JACKSONVILLE FL 32209



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/20/1977	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2510216	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	8. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROGERS, SR., ARNETT 1355 GROTHE STREET JACKSONVILLE FL 32209				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Arnett Rogers, Sr. DATE: 1/21/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD "D"	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROGERS, ARNETT SR.			1.2 NAME	SAME		
STREET ADDRESS	1355 GROTHE STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32209			1.4 CITY-ST-ZIP			
TITLE	SD "D"	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICHARDSON, FRANKLIN D			2.2 NAME	SAME		
STREET ADDRESS	2429 ST. LEDGER DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32208			2.4 CITY-ST-ZIP			
TITLE	VP "D"	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MYERS, LOUIS C			3.2 NAME	SAME		
STREET ADDRESS	3113 RIBAULT SCENIC DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32208			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS	B 3/30/99 9999		
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arnett Rogers, Sr. SIGNATURE REQUIRED: ARNETT ROGERS, SR. DATE: 1/21/99

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