

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 740478

1. Entity Name  
THE ROYAL VAGABONDS CLUB



**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business  
8440 FINCH AVENUE EAST  
JACKSONVILLE, FL 32219

Mailing Address  
8440 FINCH AVENUE EAST  
JACKSONVILLE, FL 32219



04142005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2510216

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SWEET, WILLIAM D JR.  
11432 MONTEGO BAY DR. W.  
JACKSONVILLE, FL 32218

**DO NOT WRITE IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SWEET, WILLIAM D JR.  
STREET ADDRESS 11432 MONTEGO BAY DR. W.  
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE SD  
NAME MYERS, LOUIS  
STREET ADDRESS 3113 RIBAUT SCENIC DR.  
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE VPD  
NAME STONE, CHARLIE  
STREET ADDRESS 1343 DOLPHIN STREET  
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE TD  
NAME SMITH, ROOSEVELT  
STREET ADDRESS 6612 KINLOCKE DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE BM  
NAME TROY, DANIEL E JR  
STREET ADDRESS 8440 FINCH AVENUE EAST  
CITY-ST-ZIP JACKSONVILLE, FL 32219

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000320884  
04/21/05-80057-003 70.00

**DO NOT WRITE IN THIS SPACE**

12. 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 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:

*Daniel E. Troy Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 860-6346