2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 09, 2006 8:00 am Secretary of State DOCUMENT # 740478 1. Entity Name 05-09-2006 90066 001 ****61.25 THE ROYAL VAGABONDS CLUB Principal Place of Business Mailing Address 8440 FINCH AVENUE EAST JACKSONVILLE FL 32219 8440 FINCH AVENUE EAST JACKSONVILLE FL 32219 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2510216 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SWEET, WILLIAM D JR. Street Address (P.O. Box Number is Not Acceptable) 11432 MONTEGO BAY DR. W. JACKSONVILLE FL 32218 City 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 DANIEL E. TROY IR. Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE ☐ Change Addition SWEET, WILLIAM D JR. NAME NAME 11432 MONTEGO BAY DR. W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32218 CITY-ST-ZIP SD TITLE Defete TITLE Change Addition MYERS, LOUIS NAME 3113 RIBAULT SCENIC DR. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32208 CITY-ST-ZIP CITY-ST-ZIP VPD TITLE Delete ☐ Addition ☐ Change STONE, CHARLIE NAME NAME 1343 DOLPHIN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ORANGE PARK FL 32073** CITY-ST-ZIP TITLE ☐ Delete TITLE Addition SMITH, ROOSEVELT NAME NAME STREET ADDRESS 6612 KINLOCKE DRIVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32208 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition TROY, DANIEL E JR NAME 8440 FINCH AVENUE EAST STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32219 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information

FILED

SIGNATURE: MAY 1, 2006 (904) 860-6340

SIGNATURE: David 4- Dayling OFFICER OR DIRECTOR

Dayling Phone #

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.