

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740478

FILED
Apr 28, 2008
Secretary of State

Entity Name: THE ROYAL VAGABONDS CLUB

Current Principal Place of Business:

8440 FINCH AVENUE EAST
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

8440 FINCH AVENUE EAST
JACKSONVILLE, FL 32219

New Mailing Address:

FEI Number: 59-2510216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SWEET, WILLIAM D JR.
Address: 11432 MONTEGO BAY DR. W.
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD () Delete
Name: MYERS, LOUIS
Address: 3113 RIBAUTL SCENIC DR.
City-St-Zip: JACKSONVILLE, FL 32208

Title: VPD () Delete
Name: STONE, CHARLIE
Address: 1343 DOLPHIN STREET
City-St-Zip: ORANGE PARK, FL 32073

Title: TD () Delete
Name: SMITH, ROOSEVELT
Address: 6612 KINLOCKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: BM () Delete
Name: TROY, DANIEL E JR
Address: 8440 FINCH AVENUE EAST
City-St-Zip: JACKSONVILLE, FL 32219

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: TRES () Change (X) Addition
Name: PHILLIPS, DAVID
Address: 1400 S. BURGANDY TRIAL
City-St-Zip: FRUIT COVE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVID PHILIPS

TRES

04/28/2008

Electronic Signature of Signing Officer or Director

Date