

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90518 002 ****61.25

DOCUMENT # 745396

1. Entity Name
SOUTHSIDE BUSINESS MEN'S CLUB CHARITIES, INC.



Principal Place of Business
4110 SOUTHPPOINT BLVD.
#123
JACKSONVILLE, FL 32216 US

Mailing Address
4110 SOUTHPPOINT BLVD.
#123
JACKSONVILLE, FL 32216 US

30045449



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04112005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1870364

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILKINSON, MARK
4110 SOUTHPPOINT BLVD. #123
~~#495~~
JACKSONVILLE, FL 32216

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME THOMAS, WINFRED ☐ Delete
STREET ADDRESS 9423 BAYMEADOWS RD #140
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE D
NAME KIRBY, CRUMP ☒ Delete
STREET ADDRESS 2810 ST AUGUSTINE RD
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE D
NAME HAMEL, JOHN ☒ Delete
STREET ADDRESS 2466 PROVOST CT
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE D
NAME WILKINSON, MARL A. ☐ Delete
STREET ADDRESS 6622 SOUTHPPOINT DR S #495
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Pres
NAME Johnston, Steve ☐ Change ☒ Addition
STREET ADDRESS 2801 Dawn Rd
CITY-ST-ZIP Jacksonville, FL 32207

TITLE 1st VP
NAME Mitchell, Belinda ☐ Change ☒ Addition
STREET ADDRESS 1325 Hendricks Ave
CITY-ST-ZIP Jacksonville, FL 32207

TITLE 2nd VP
NAME Harris, Tom ☐ Change ☒ Addition
STREET ADDRESS 7845 Baymeadows way
CITY-ST-ZIP Jacksonville, FL 32250

TITLE Treasurer
NAME Wilkinson, mark ☒ Change ☐ Addition
STREET ADDRESS 4110 southpoint Blvd. Ste 123
CITY-ST-ZIP Jacksonville, FL 32216

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 or without other like empowered.

SIGNATURE:

Mark Wilkinson MARK WILKINSON

4-28-05 904-470-4010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #