

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

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90194 001 ****61.25

DOCUMENT # 755086

1. Entity Name

CLUB 21 OF JACKSONVILLE, INC.



Principal Place of Business

**C/O CALVIN B. REDDICK
124 S. MYRTLE AVENUE
JACKSONVILLE FL 32204**

Mailing Address

**C/O CALVIN B. REDDICK
124 S. MYRTLE AVENUE
JACKSONVILLE FL 32204**

J0013400



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REDDICK, CALVIN B
1336 JOHNSON ST
JACKSONVILLE FL 32209**

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 PD ☐ Delete
NAME REDDICK, CALVIN
STREET ADDRESS 1336 JOHNSONST
CITY-ST-ZIP JACKSONVILLE,FL 00000

TITLE VD ☐ Delete
NAME HENDON, PEGGYE L.
STREET ADDRESS 1993 W. 5TH ST
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ☐ Delete
NAME SAUNDERS, ALBERT H.
STREET ADDRESS 1484 W. 22ND ST.
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD ☐ Delete
NAME MCPHERSON, WARREN T.
STREET ADDRESS 336 KING ST.
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Delete
NAME SMALL, NATHANIEL
STREET ADDRESS 104 KING ST.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

12. I hereby 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 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: *Calvin B Reddick* **CALVIN B REDDICK** 4/29/06 (904) 356-7881