

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90126 045 ****70.00

DOCUMENT # N02475 1. Entity Name JACKSONVILLE SKI CLUB, INC.					
Principal Place of Business P.O. BOX 551352 JACKSONVILLE, FL 32255			Mailing Address P.O. BOX 551352 JACKSONVILLE, FL 32255		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3308912	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALKER, LINDA 133 BEACHSIDE DR. PONTE VEDRA BEACH, FL 32082			7. Name and Address of New Registered Agent Name Smith, Craig Street Address (P.O. Box Number is Not Acceptable) 1641 Misty Lake DR. City Orange Park, FL Zip Code 32003		
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 <u><i>Craig R. Smith</i></u> Signature, typed or printed name of registered agent and title if applicable.				DATE 2-22-2005 (NOTE: Registered Agent signature required when reinstating)	
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	DAVIS, HAL		NAME	DAVIS, HAL	
STREET ADDRESS	2223 HERSCHEL ST.		STREET ADDRESS	1539 Wentworth Ave	
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SHIRLEY, KATHY		NAME		
STREET ADDRESS	3600 RIVER HALL DR.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32217		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	WALKER, LINDA		NAME	WALKER, Linda	
STREET ADDRESS	133 BEACHSIDE DR.		STREET ADDRESS	133 Beachside DR.	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	VPM	☒ Delete	TITLE	TD	☐ Change ☒ Addition
NAME	RAVEN, KELLY		NAME	Smith, Craig	
STREET ADDRESS	6712 NIGHTINGALE ROADS.		STREET ADDRESS	1641 Misty Lake Drive	
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP	Orange Park, FL 32003	
TITLE	VPE	☒ Delete	TITLE	V	☐ Change ☒ Addition
NAME	WILSON, BARBARA		NAME	Hansen, DANA	
STREET ADDRESS	7901 BAYMEADOWS CIR. E.#419		STREET ADDRESS	152 Rolando Court	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	VPM	☒ Delete	TITLE	V	☐ Change ☒ Addition
NAME	SHIRLEY, KATHY		NAME	VonDolteren, Larry	
STREET ADDRESS	3600 RIVER HALL DRIVE		STREET ADDRESS	4022 Clearwater Oak DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32217		CITY-ST-ZIP	JACKSONVILLE, FL 32223	
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: <u><i>Craig R. Smith</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE 2-22-2005 DAYTIME PHONE # 904-502-0010		