

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

**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**



04082007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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 DRIVE  
PONTE VEDRA BEACH, FL 32082**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PRES  
THOMPSON, BOB  
417 SNAPPING TURTLE CT. E.  
ATLANTIC BEACH, FL 32233**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
AUSTIN, MARYANNE  
216 GULL CIRCLE  
PONTE VEDRA BEACH, FL 32082**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PP  
WALKER, LINDA  
133 BEACHSIDE DR.  
PONTE VEDRA BEACH, FL 32082**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
SMITH, CRAIG  
1641 MISTY LAKE DRIVE  
ORANGE PARK, FL 32003**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
DYE, VICTORIA  
3319 QUEEN ANNE LANE  
JACKSONVILLE, FL 32257**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
BRATCHER, LISA  
2514 CIMARRONE BLVD  
JACKSONVILLE, FL 32259**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*[Signature]*

**Victoria P. Dye 4-12-07 904 294-0311**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #