


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90071 031 ****61.25

DOCUMENT # N03000004960 1. Entity Name ROTARY CLUB OF SAN JOSE JACKSONVILLE, INC.	
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Principal Place of Business 6279 DUPONT STATION COURT JACKSONVILLE, FL 32217	Mailing Address 6279 DUPONT STATION COURT JACKSONVILLE, FL 32217
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01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 71-0927562	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PLEIMAN, JR., THOMAS C
 9471 BAYMEADOWS ROAD, SUITE 308
 JACKSONVILLE, FL 32256

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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, 2006

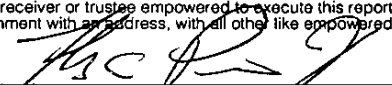
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	PERRY, JOSEPH P
STREET ADDRESS	3442 KORI RD
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	VP PRES
NAME	HELOW, PETER
STREET ADDRESS	6279 DUPONT STATION COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	VP PRESIDENT
NAME	SCHAMLATY, RON
STREET ADDRESS	6279 DUPONT STATION COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	
NAME	Pleiman Thomas
STREET ADDRESS	9471 Baymeadows Rd #308
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  **1/10/06** **904-448-5005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #