


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90002 016 ****61.25

DOCUMENT # N04000007294

1. Entity Name
THE NOTRE DAME CLUB OF NORTH FLORIDA, INC.



Principal Place of Business 1200 RIVERPLACE BLVD., SUITE 800 JACKSONVILLE, FL 32207 US	Mailing Address 1200 RIVERPLACE BLVD., SUITE 800 JACKSONVILLE, FL 32207 US
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07112006 No Chg-NP CR2E037 (4/06)

4. FEI Number 3 1-1075399	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEEDON, GERALD W
 1200 RIVERPLACE BLVD.
 SUITE 800
 JACKSONVILLE, FL 32207**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by September 6, 2006**

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	P SCAGLIARINI, PAUL 1200 RIVERPLACE BLVD., SUITE 800 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRAUCH, TED 1200 RIVERPLACE BLVD. SUITE 800 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOORMAN, FRANK 1200 RIVERPLACE BLVD. SUITE 800 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: *Paul Scagliarini* **PAUL D. SCAGLIARINI** 7/13/06 804-880-0333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #