

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 09, 2009  
Secretary of State**

DOCUMENT# N04000007294

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

**Current Principal Place of Business:**

1200 RIVERPLACE BLVD.,  
SUITE 800  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

1200 RIVERPLACE BLVD.,  
SUITE 800  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

FEI Number: 31-1075399      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BRAUCH, RAPHAEL  
Address: 1200 RIVERPLACE BLVD., SUITE 800  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: VP ( ) Delete  
Name: KILBANE, PATRICK  
Address: 1200 RIVERPLACE BLVD. SUITE 800  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: T ( ) Delete  
Name: MOORMAN, FRANK  
Address: 1200 RIVERPLACE BLVD, SUITE 800  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK MOORMAN

T

01/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date