

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 24, 2007 8:00 am
Secretary of State

08-24-2007 90024 002 ****61.25

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1. Entity Name

FLORIDA ASSOCIATION OF TIGER BAY CLUBS, INC.



Principal Place of Business

4068 CORRIENTES COURT S.
JACKSONVILLE FL 32217

Mailing Address

4068 CORRIENTES COURT S.
JACKSONVILLE FL 32217



2. Principal Place of Business - No P.O. Box #

4068 Corrientes Ct. S.

Suite, Apt. #, etc.

3. Mailing Address

4068 Corrientes Ct. S.

Suite, Apt. #, etc.

2nd MOORE

CR2E037 (4/07)

City & State

Jacksonville, Fl.

City & State

Jacksonville, Fl.

4. FEI Number

83-0434155

Applied For

Not Applicable

Zip

32217

Country

Doral

Zip

32217

Country

Doral

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCBURNY, JR., CHARLES W ESQ
6550 ST. AUGUSTINE RD
SUITE 105
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name: Charles W. McBurney Jr.
Street Address (P.O. Box Number is Not Acceptable): 76 S. Laura Street, Suite 590
City: Jacksonville FL Zip Code: 32202

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

Charles W. McBurney Jr.
Signature, typed or printed name of registered agent and file if applicable

Charles W. McBurney Jr.

(NOTE: Registered Agent signature required when reinstating)

8/17/07
DATE

FILE NOW: FEE IS \$61.25
Due By September 5, 2007

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

TITLE	PD	☐ Delete
NAME	MCBURNY, JR., CHARLES W ESQ	
STREET ADDRESS	6550 ST. AUGUSTINE RD - SUITE 105	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	VD	☒ Delete
NAME	STEDEN, MIKE	
STREET ADDRESS	3200 HWY 17 NORTH	
CITY-ST-ZIP	FORT MEADE FL 33841	
TITLE	VD	☒ Delete
NAME	BENNETT, MARY	
STREET ADDRESS	1051 OCEAN SHORE, NO. #805	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	SD	☒ Delete
NAME	CHAPPELL, JEANE	
STREET ADDRESS	4068 CORRIENTES ST. SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	TD	☒ Delete
NAME	LEONHARDT, FRED	
STREET ADDRESS	301 EAST PINE STREET - SUITE 1400	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	☒ Delete
NAME	MAILBERGER, GEORGE	
STREET ADDRESS	P.O. BOX 12910	
CITY-ST-ZIP	PENSACOLA FL 32521	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	Jeane Chappell	
STREET ADDRESS	4068 Corrientes Ct. S	
CITY-ST-ZIP	Jacksonville, Fl. 32217	
TITLE	Vice President	☒ Change ☐ Addition
NAME	Andrea Kudacz	
STREET ADDRESS	P.O. Box 7066	
CITY-ST-ZIP	Orlando, Fl. 32854	
TITLE	Secretary	☒ Change ☐ Addition
NAME	Aelen Ludwig	
STREET ADDRESS	3528 majestic OAKS Dr.	
CITY-ST-ZIP	Jacksonville, Fl. 32277	
TITLE	TREASURER	☒ Change ☐ Addition
NAME	Steve Baker, Ph.D.	
STREET ADDRESS	2800 University Blvd. N.	
CITY-ST-ZIP	Jacksonville, Fl. 32216	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Jeane B. Chappell JEANE B. CHAPPELL, PRESIDENT 8-20-07 904/731-9971