


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90681 010 ****61.25

DOCUMENT # N17268 4. Entity Name THE YALE CLUB OF NORTHEAST FLORIDA, INC.					
Principal Place of Business % HOWARD L. DALE 200 W FORSYTH ST, 1100 JACKSONVILLE FL 32202 US			Mailing Address 225 WATER STREET SUITE 900 JACKSONVILLE FL 32202 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1200 Riverplace Blvd. Suite 800			
City & State Jacksonville FL		City & State Jacksonville FL		4. FEI Number 59-2872047	
Zip 32207	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DALE, HOWARD L 200 W FORSYTH ST SUITE 1100 JACKSONVILLE FL 32202			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KENT, JOHN B 225 WATER STREET, SUITE 900 JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KENT, JOHN B 1200 RIVERPLACE BLVD, SUITE 800 JACKSONVILLE FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DALE, HOWARD L. 200 W FORSYTH ST, SUITE 1100 JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DUGGER, BRUCE 8176 JAMZICA RD. SOUTH JACKSONVILLE FL 32216	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DUGGAR, BRUCE 8176 JAMAICA RD. SOUTH JACKSONVILLE FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SHARP, BARBARA M 6326 SAN JOSE BLVD WEST JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	32217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HIXON, JOSEPH M. 4400 MARSH LANDING BLVD., STE 7 PONTE VEDRA BEACH FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AMY GRASS-GILMORE 25 N. MARKET STREET, SUITE 200 JACKSONVILLE FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REAGAN, PAUL M 1522 OAK ST JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EDWARD B deSELDING 9003 LAKE KATHRYN DRIVE PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Bruce R. Dugger</i> BRUCE R. DUGGAR			4/29/04 904-725-1664		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					