

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17268

FILED
May 01, 2005
Secretary of State

Entity Name: THE YALE CLUB OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

% HOWARD L. DALE
200 W FORSYTH ST, 1100
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

1200 RIVERPLACE BLVD STE 800
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-2872047 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DALE, HOWARD L
200 W FORSYTH ST
SUITE 1100
JACKSONVILLE, FL 32202 US

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: D () Delete
Name: KENT, JOHN B
Address: 1200 RIVERPLACE BLVD STE 800
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: DALE, HOWARD L.,
Address: 200 W FORSYTH ST, SUITE 1100
City-St-Zip: JACKSONVILLE, FL 32202

Title: DP () Delete
Name: DUGGAR, BRUCE
Address: 8176 JAMAICA RD SOUTH
City-St-Zip: JACKSONVILLE, FL 32216

Title: DT () Delete
Name: SHARP, BARBARA M
Address: 6326 SAN JOSE BLVD WEST
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: GRASS-GILMORE, AMY
Address: 25 N MARKET STREET STE 200
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: DE SELDING, EDWARD B
Address: 9003 LAKE KATHRYN DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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:

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 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 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: BRUCE DUGGAR

DP

05/01/2005

Electronic Signature of Signing Officer or Director

Date