

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

APPROVED
AND
FILED

06 SEP 15 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N17268

1. 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
1200 RIVERPLACE BLVD STE 800
JACKSONVILLE, FL 32207 US



05112006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2872047

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

00079940944
09/13/06--01018--009 **\$61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME KENT, JOHN B
STREET ADDRESS 1200 RIVERPLACE BLVD STE 800
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE D
NAME DALE, HOWARD L.
STREET ADDRESS 200 W FORSYTH ST, SUITE 1100
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE DP
NAME DUGGAR, BRUCE
STREET ADDRESS 8176 JAMAICA RD SOUTH
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE DT
NAME SHARP, BARBARA M
STREET ADDRESS 6326 SAN JOSE BLVD WEST
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE D
NAME GRASS-GILMORE, AMY
STREET ADDRESS 25 N MARKET STREET STE 200
CITY-ST-ZIP JACKSONVILLE, FL

TITLE D
NAME DE SELDING, EDWARD B
STREET ADDRESS 9003 LAKE KATHRYN DRIVE
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

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IN THIS SPACE**

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:

Bruce Duggar

BRUCE DUGGAR, Pres.

09/06/06

904-725-1664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/15/06