


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

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



04182007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2872047	Applied For <input type="checkbox"/> Not Applicable
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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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000725834
05/03/07-80038-015 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENT, JOHN B 1200 RIVERPLACE BLVD STE 800 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALE, HOWARD L. 200 W FORSYTH ST, SUITE 1100 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DUGGAR, BRUCE 8176 JAMAICA RD SOUTH JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SHARP, BARBARA M 6326 SAN JOSE BLVD WEST JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRASS-GILMORE, AMY 25 N MARKET STREET STE 200 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE SELDING, EDWARD B 9003 LAKE KATHRYN DRIVE PONTE VEDRA BEACH, FL 32082

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE R. DUGGAR

4/18/07

904-254-2882

Date

Daytime Phone #