2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2009
Secretary of State

DOCUMENT# N17268

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:

8176 JAMAICA ROAD SOUTH
JACKSONVILLE, FL 32216 US

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:

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

Name and Address of New Registered Agent:

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 exemption stated 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 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 R. DUGGAR PRES 05/14/2009
Electronic Signature of Signing Officer or Director — Date