

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22961

FILED
May 10, 2007
Secretary of State

Entity Name: JACKSONVILLE GOLF & COUNTRY CLUB, INC.

Current Principal Place of Business:

3985 HUNT CLUB RD.
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

Current Mailing Address:

3985 HUNT CLUB RD.
JACKSONVILLE, FL 32224 US

New Mailing Address:

FEI Number: 59-2924473 **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:

FIESLER, BONNIE
3824 FENWICK ISLAND DRIVE
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

SHRYOCK, ROBERT
12914 LITTLETON BEND ROAD
JACKSONVILLE, FL 32224 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: ROBERT SHRYOCK

05/10/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLORA, SAM
Address: 13148 EASON ISLAND COURT
City-St-Zip: JACKSONVILLE, FL 32224

Title: S () Delete
Name: FIESLER, BONNIE
Address: 3824 FENWICK ISLAND DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: T () Delete
Name: OTTENDORF, PAUL
Address: 113131 WEXFORD HOLLOW ROAD N.
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP () Delete
Name: SHRYOCK, ROBERT
Address: 12914 LITTLETON BEND ROAD
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SHRYOCK, ROBERT
Address: 12914 LITTLETON BEND RD
City-St-Zip: JACKSONVILLE, FL 32224

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: COTHERN, MARTY
Address: 13053 WEXFORD HOLLOW RD N.
City-St-Zip: JACKSONVILLE, FL 32224

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: ROBERT SHRYOCK

S

05/10/2007

Electronic Signature of Signing Officer or Director

Date