


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90032 045 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N27209					
1. Corporation Name NAVY JACKSONVILLE YACHT CLUB, INC.					
Principal Place of Business % COMMODORE P.O. BOX 29 JACKSONVILLE FL 32212			Mailing Address % COMMODORE P.O. BOX 29 JACKSONVILLE FL 32212		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/29/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2896605	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing	
24		25		Trust Fund Contribution <input type="checkbox"/>	
29		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RICHARD ARMSTRONG 4055 PINTO RD MIDDLEBURG FL 32068				81 Name ROBERT L. BLYTHE			
				82 Street Address (P.O. Box Number is Not Acceptable) 3846 O'RIELY DR. E.			
				83 JACKSONVILLE			
				84 City JACKSONVILLE FL 85 Zip Code 32210			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE ROBERT L. BLYTHE *Robert L. Blythe* 1/14/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT <input type="checkbox"/> DELETE	1.1 TITLE	PDT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLYTHE, ROBERT L	1.2 NAME	ROBERT L. BLYTHE
STREET ADDRESS	3846 O'RIELY DR E	1.3 STREET ADDRESS	3846 O'RIELY DR.
CITY-ST-ZIP	JACKSONVILLE FL 32210	1.4 CITY-ST-ZIP	JACKSONVILLE FL 32210
TITLE	VDT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VDT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUCAS, STANLEY	2.2 NAME	WILLIAM BOATRIGHT
STREET ADDRESS	1755 PAPAYA DR W	2.3 STREET ADDRESS	5034 HAVENWOOD OAKS TERR.
CITY-ST-ZIP	ORANGE PARK FL 32073	2.4 CITY-ST-ZIP	JACKSONVILLE FL 32244-2331
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UNGER, ELLEN	3.2 NAME	BARBARA STEELE
STREET ADDRESS	11691 SEDGEMOORE	3.3 STREET ADDRESS	559 THOMAS STONE ST.
CITY-ST-ZIP	JACKSONVILLE FL 32223	3.4 CITY-ST-ZIP	JACKSONVILLE FL 32073
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	DT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLYTHE, CONNIE	4.2 NAME	CONNIE BLYTHE
STREET ADDRESS	3846 O'RIELY DR E	4.3 STREET ADDRESS	3846 O'RIELY DR.
CITY-ST-ZIP	JACKSONVILLE FL 32210	4.4 CITY-ST-ZIP	JACKSONVILLE FL 32210
TITLE	DT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UNGER, FELIX	5.2 NAME	STANLEY PERRY
STREET ADDRESS	11691 SEDGEMOORE	5.3 STREET ADDRESS	936 LAMBOLL AVE.
CITY-ST-ZIP	JACKSONVILLE FL 32223	5.4 CITY-ST-ZIP	JACKSONVILLE FL 32205
TITLE	DT <input checked="" type="checkbox"/> DELETE	6.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASCOLINA, DONNA	6.2 NAME	PATRICK MIZZEN
STREET ADDRESS	936 LAMBELL AVE	6.3 STREET ADDRESS	1628 TWIN OAKS DR.E.
CITY-ST-ZIP	JACKSONVILLE FL 32205	6.4 CITY-ST-ZIP	MIDDLEBURG FL32073

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. BLYTHE *Robert L. Blythe* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99 904-778-2493
Date Daytime Phone #

CR2E037 (1/98)