

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90070 048 ****61.25

DOCUMENT # N27209

1. Entity 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**

94038403



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2896605

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TANIER, PATRICIA
750 OAK ST. APT. 401
JACKSONVILLE, FL 32204**

7. Name and Address of New Registered Agent

Name **Shoults, Neil W.**

Street Address (P.O. Box Number is Not Acceptable)
689 San Robar Dr

City **Orange Park**

FL

Zip Code
32073

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 **Neil W. Shoults**

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME WOOD, BRUCE
STREET ADDRESS 6067A ARROW COURT
CITY-ST-ZIP JACKSONVILLE, FL 32212

TITLE VD ☒ Delete
NAME ZAREMBE, RICHARD
STREET ADDRESS 4903 GREENLAND HIDEAWAY DR. N.
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE DS ☒ Delete
NAME EVANS, ALIYNA KAI
STREET ADDRESS 311 D. HAVEN AVE
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE DT ☐ Delete
NAME TANIER, PATRICIA
STREET ADDRESS PO BOX 7128
CITY-ST-ZIP JACKSONVILLE, FL 32238

TITLE D ☐ Delete
NAME ALSTON, GEORGE
STREET ADDRESS 4451 HERSCHEL ST.
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE D ☒ Delete
NAME SPICKELMIER, STEVEN
STREET ADDRESS 9088 SOUTH WACK DR.
CITY-ST-ZIP JACKSONVILLE, FL 32057

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition
NAME DePalma, Elmer
STREET ADDRESS 1800 Old Fleming Grove Rd
CITY-ST-ZIP Green Cove Springs Fl. 32043

TITLE DS ☒ Change ☐ Addition
NAME Holcomb, Leroy J.
STREET ADDRESS 5906 Renault Drive West
CITY-ST-ZIP Jacksonville, Fl. 32244

TITLE DT ☒ Change ☐ Addition
NAME Shoults, Neil W
STREET ADDRESS 689 San Robar Dr
CITY-ST-ZIP Orange Park, Fl. 32073

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME Ryser, David P.
STREET ADDRESS 4495-304 Roosevelt #231
CITY-ST-ZIP Jacksonville, Fl. 32210

12. 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 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 Wood** COMMODORE N27209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 Mar 2004 (921) 573-9594

Date Daytime Phone #