

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 1:36

DOCUMENT # **N34269** (3)
1. Corporation Name
THE CORNELL CLUB OF GREATER JACKSONVILLE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O J. W. TOWART 12219 CATTAIL DRIVE W. JACKSONVILLE FL 32223	Mailing Address C/O J. W. TOWART 12219 CATTAIL DRIVE W. JACKSONVILLE FL 32223
---	---

3. Date Incorporated or Qualified 09/19/1989	3a. Date of Last Report 02/16/1994
4. FEI Number 59-2971381	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
---	--

9. Name and Address of Current Registered Agent
**TOWART, JAMES W
12219 CATTAIL DR W
JACKSONVILLE FL 32223**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, RODGER W.	1.2 NAME	
STREET ADDRESS	122 GLEN COVE PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH. FL 32082	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, JOHN J., JR.	2.2 NAME	HORNING, ERIC R.
STREET ADDRESS	4444 COUNTRY CLUB ROAD	2.3 STREET ADDRESS	105 TEGA CAY PLACE # 1002
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	PONTE VEDRA BEACH FL. 32082
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERTINE, HERMAN	3.2 NAME	
STREET ADDRESS	3419 FIDDLERS BEND	3.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REILLY, PHILIP	4.2 NAME	
STREET ADDRESS	P.O. BOX 2391 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH. FL 32004	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRUIT, MELVYN H.	5.2 NAME	
STREET ADDRESS	7626 LAS PALMAS WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSON, KENNETH	6.2 NAME	
STREET ADDRESS	3345 PICADILLY LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. W. TOWART **JAMES W. TOWART, TREASURER** FEB 7, 1995
(Signature and Typed or Printed Name of Signing Officer or Director)
 (104) 262-4329