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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34269

1. Corporation Name

THE CORNELL CLUB OF GREATER JACKSONVILLE, INC.

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

09/19/1989

4. FEI Number

59-2971381

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE
NAME MASON, KENNETH B
STREET ADDRESS 16 SEA WINDS LANE EAST
CITY-ST-ZIP PONTE VEDRA BCH. FL

TITLE PD ☐ DELETE
NAME DEMME, CHRISTOPHER H
STREET ADDRESS 5 PLAYERS CLUB VILLAS
CITY-ST-ZIP PONTE VEDRA BCH FL

TITLE D ☒ DELETE
NAME FRANKLIN, ERNEST W J
STREET ADDRESS 4160 PINE RD
CITY-ST-ZIP ORANGE PARK FL

TITLE TD ☐ DELETE
NAME TOWART, JAMES W
STREET ADDRESS 12219 CATTAIL DR W
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V.D. ☐ Change ☒ Addition
1.2 NAME MARK, W. ROBERT
1.3 STREET ADDRESS 324 9th Street
1.4 CITY-ST-ZIP Atlantic Beach, FL. 32233

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME DINKLA, ANGELA
2.3 STREET ADDRESS 4435 Deep River Way East
2.4 CITY-ST-ZIP Jacksonville, FL. 32224

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME DINKLA, STEVE
3.3 STREET ADDRESS 4435 Deep River Way East
3.4 CITY-ST-ZIP Jacksonville, FL. 32224

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME REED, MARY ELLEN
4.3 STREET ADDRESS 15 Sea Winds Lane East
4.4 CITY-ST-ZIP Ponte Vedra Beach, FL. 32082

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

J. W. Towart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 6, 1999 904-262-4329
Date Daytime Phone #

CR2E037 (11/98)