

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90264 019 *****61.25

DOCUMENT # N34269

1. Entity Name
THE CORNELL CLUB OF GREATER JACKSONVILLE, INC.



Principal Place of Business
C/O JOHN J. EDWARDS
27 CARRIAGE LANE
PONTE VEDRA BEACH, FL 32082

Mailing Address
27 CARRIAGE LANE
PONTE VEDRA BEACH, FL 32082

94076232



2. Principal Place of Business
C/O LEE H. FERGUSON
Suite, Apt. #, etc.
8989 LAKE KATHRYN DR

3. Mailing Address
8989 LAKE KATHRYN DR
Suite, Apt. #, etc.

02022004 Chg-NP CR2E037 (10/03)

City & State
PONTE VEDRA BEACH, FL
Zip
32082
Country
ST. JAMES

City & State
PONTE VEDRA BEACH, FL
Zip
32082
Country
ST. JAMES

4. FEI Number
59-2971381
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, JOHN J
27 CARRIAGE LANE
PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent

Name
LEE H. FERGUSON
Street Address (P.O. Box Number is Not Acceptable)
8989 LAKE KATHRYN DR
City
PONTE VEDRA BEACH FL Zip Code
32082

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 Lee H. Ferguson LEE H. FERGUSON, Director 4/29/2004
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	BB D	<input type="checkbox"/> Delete
NAME	FERGUSON, LEE H KATHRYN	
STREET ADDRESS	8989 LAKE KATHRYN DR	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	CCPB D	<input type="checkbox"/> Delete
NAME	GIBSON, RODGER W	
STREET ADDRESS	122 GLEN COVE PLACE	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	P	<input type="checkbox"/> Delete
NAME	CLAYPOOLE, ROBERT	
STREET ADDRESS	3211 OLD BARN CT.	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, JOHN J	
STREET ADDRESS	27 CARRIAGE LANE	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARRY, FRANCES D	
STREET ADDRESS	185 PIZALEA POINT SOUTH	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLFE, ROGER	
STREET ADDRESS	228 NORTH WIND CT.	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID WENTHERBY	
STREET ADDRESS	17 MARINA PLACE	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERWIN STEWART	
STREET ADDRESS	4434 TITLEIST DRIVE	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL GOWDWIN	
STREET ADDRESS	205 DEER HAVEN DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Lee H. Ferguson LEE H. FERGUSON 4/29/2004 (904) 543-9534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #