


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90037 015 ****61.25

DOCUMENT # N34269

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



Principal Place of Business
**C/O LEE H. FERGUSON
 8989 LAKE KATHRYN DR
 PONTE VEDRA BEACH, FL 32082**

Mailing Address
**8989 LAKE KATHRYN DR.
 PONTE VEDRA BEACH, FL 32082**

50008084



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01112005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

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

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 _____
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, 2005

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DT	<input type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FERGUSON, LEE H			NAME	ROACH, RAYMOND, RON		
STREET ADDRESS	8989 LAKE KATHERINE DR			STREET ADDRESS	2931 S. PONTE VEDRA BLVD.		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082			CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GIBSON, RODGER W			NAME	HANNA, ROBERT C. JR.		
STREET ADDRESS	122 GLEN COVE PLACE			STREET ADDRESS	2926 LIGHTHOUSE COVE PLACE		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082			CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CLAYPOOLE, ROBERT			NAME	JOHNSON, STANLEY W.		
STREET ADDRESS	3211 OLD BARN CT.			STREET ADDRESS	55 PLAYERS CLUB VILLAS		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082			CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		
TITLE	DS	<input type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GOODWIN, PAUL NINA			NAME	CRISP, PENNY C.		
STREET ADDRESS	205 DEER HAVEN DRIVE			STREET ADDRESS	9800 TOUCHTON ROAD, #822		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082			CITY-ST-ZIP	JACKSONVILLE, FL 32246		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BARRY, FRANCES D			NAME	MCNAMARA, DONALD A.		
STREET ADDRESS	165 PIZALEA POINT SOUTH			STREET ADDRESS	117 WHITEBARK EDGE DR. N.		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082			CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WOLFE, ROGER			NAME	STEWART, EDWIN C.		
STREET ADDRESS	228 NORTH WIND CT.			STREET ADDRESS	4434 TITLEIST DRIVE		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082			CITY-ST-ZIP	AMERICAN ISLAND, FL 32034		

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** 1/27/2005 904-547-9534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #