

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N39153 (4)

1. Corporation Name

SEA RAY CLUB OF JACKSONVILLE, INC.



Principal Place of Business

Mailing Address

C/O BILL BUTLER  
3101 DOCTORS LAKE DR  
ORANGE PARK FL 32073  
US

C/O BILL BUTLER  
3101 DOCTORS LAKE DRIVE  
ORANGE PARK FL 32073  
US

3. Date Incorporated or Qualified

07/06/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3125281

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

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City & State

City & State

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOHA, HOWARD  
2120 FLINTON COURT  
GREEN COVE SPRINGS FL 32043

81

Name

Alfred, Barry

82

Street Address (P.O. Box Number is Not Acceptable)

2592 Admirals Walk Drive S.

83

City

Orange Park

84

State

FL

Zip Code

32073

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

Barry Alfred, Commodore

2/5/96

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE

NAME SLADEK, BOBBY  
STREET ADDRESS 1947 SALT MYRTLE LANE  
CITY-ST-ZIP ORANGE PARK FL

TITLE SD ☐ DELETE

NAME ELMORE, COLLEEN  
STREET ADDRESS 417 WHEATFIELD CT.  
CITY-ST-ZIP ORANGE PARK FL

TITLE D ☒ DELETE

NAME MATHEWS, ROBERT L.  
STREET ADDRESS 3599-2 LENOX AVE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD ☐ DELETE

NAME BUTLER, WILLIAM  
STREET ADDRESS 3101 DOCTORS LAKE DR  
CITY-ST-ZIP ORANGE PARK FL

TITLE D ☒ DELETE

NAME ALLRED, BARRY  
STREET ADDRESS 2592 ADMIRALS WALK DR. S  
CITY-ST-ZIP ORANGE PARK FL

TITLE D ☒ DELETE

NAME WHIPPLE, DAVID  
STREET ADDRESS 6333 CUSTER ROAD  
CITY-ST-ZIP ORANGE PARK FL

14. TITLE

15. NAME

16. STREET ADDRESS

17. CITY-ST-ZIP

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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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

William D Butler William D Butler 2/5/96 (904) 264 9434

Date

Daytime Phone #

CR2E037 (12/95)