

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N96000001066 (7)**

1. Corporation Name

**THE ENTERTAINER'S CLUB INCORPORATED**



|  |  |
|--|--|
| Principal Place of Business<br><b>120 N 5 STREET<br/>JACKSONVILLE BEACH FL 32250</b> | Mailing Address<br><b>120 N 5 STREET<br/>JACKSONVILLE BEACH FL 32250</b> |
|--|--|

3. Date Incorporated or Qualified  
**02/26/1996**

4. FEI Number  
**59-3472663**

Applied For  
Not Applicable

|   |  |
|---|--|
| 2. Principal Place of Business<br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip<br><b>24</b> Country | 2a. Mailing Address<br><b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip<br><b>29</b> Country |
|---|--|

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PLUMMER, DAVID T  
120 N 5 STREET  
JACKSONVILLE BEACH FL 32250**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PLUMMER, DAVID T</b>                  | 1.2 NAME  |   |
| STREET ADDRESS             | <b>363 NORTH ROSCOE BLVD.</b>            | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>PONTE VEDRA BEACH FL 32082</b>        | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DIXON, CHARLES E III</b>              | 2.2 NAME  |   |
| STREET ADDRESS             | <b>3113 CORAL REEF DRIVE</b>             | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL</b>                   | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MACLEAN, MARK B</b>                   | 3.2 NAME  |   |
| STREET ADDRESS             | <b>2619 PARENTAL HOME RD.</b>            | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL 32216</b>             | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GRANGER, DOC G</b>                    | 4.2 NAME  |   |
| STREET ADDRESS             | <b>2402 W. CAPTIN HOOK DR.</b>           | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>JACKSONVILLE FL</b>                   | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 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.

SIGNATURE:   
DATE: **5-1-98** DAY/TIME PHONE: **(904) 246-8222**  
DAVID T. PLUMMER

CR2E037 (10/97)