

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001100

Entity Name: CLUB SAVOY, INC.

FILED
Jul 17, 2004
Secretary of State

Current Principal Place of Business:

6354 ARLINGTON ROAD
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

6354 ARLINGTON ROAD
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 59-3590282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAYNE, MICHAEL
5477 RIVER TRAIL RD. NORTH
JACKSONVILLE, FL 32277 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COMBS, RON
Address: 7116 CONANT AVE #2
City-St-Zip: JACKSONVILLE, FL 32222

Title: D () Delete
Name: BLANC, JOE
Address: 488 ROBERTS AVE
City-St-Zip: JACKSONVILLE, FL 32254

Title: DT () Delete
Name: DAVIS, JOAN
Address: 8639 BRIERWOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: MADDOX, BILL
Address: 3371 DEBUSSY ROAD
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: PAYNE, MICHAEL
Address: 7528 ARLINGTON EXPY # 806
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: JORDAN, SUE
Address: 233 E BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA TRAVASSOS

OFFI

07/17/2004

Electronic Signature of Signing Officer or Director

Date