

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707083

FILED
Jan 16, 2009
Secretary of State

Entity Name: JACKSONVILLE SHELL CLUB, INC.

Current Principal Place of Business:

1010 N. 24TH STREET
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

1010 N. 24TH STREET
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

FEI Number: 59-1785008 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THORPE, CHARLOTTE M
1010 N. 24TH ST.
JACKSONVILLE BEACH, FL 32250 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: LEE, HARRY G
Address: 4132 ORTEGA BLVD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: T () Delete
Name: THORPE, CHARLOTTE M
Address: 1010 N. 24TH ST.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: P () Delete
Name: BILLIE, BROWN
Address: 1328 - 14TH SVE. N.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: S () Delete
Name: ELLEN, REED A
Address: 189 LAS PALMAS
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: S (X) Change () Addition
Name: ROWLEY, LAURA
Address: 3676 CASCADE RD.
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHARLOTTE M. THORPE

T

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date