

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90071 043 ****61.25

DOCUMENT # 707083

1. Entity Name
JACKSONVILLE SHELL CLUB, INC.



Principal Place of Business

**2605 EMILY COURT
JACKSONVILLE FL 32216
US**

Mailing Address

**2605 EMILY COURT
JACKSONVILLE FL 32216
US**

90022858



2. Principal Place of Business

1010 N. 24th Street
Suite, Apt. #, etc.

3. Mailing Address

1010 N. 24th Street
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

Jacksonville Beach FL

City & State

Jacksonville Beach, FL

4. FEI Number **59-1785008**

Applied For
 Not Applicable

Zip **32250**

Country **US**

Zip **32250**

Country **US**

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

6. Name and Address of Current Registered Agent

~~ST. JOHN, TERESA M~~
~~2605 EMILY COURT~~
~~JACKSONVILLE FL 32216~~

7. Name and Address of New Registered Agent

Name **Charlotte M. Lloyd**
"Street" Address (P.O. Box Number is Not Acceptable)
1010 N. 24th St.
City **Jacksonville Beach** FL Zip Code **32250**

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 *Charlotte M. Lloyd*
Signature, typed or printed name of registered agent and title if applicable.

Feb. 6, 2003
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	LEE, HARRY G	
STREET ADDRESS	1801 BARRS ST., SUITE 500	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	ST. JOHN, TERESA M.	
STREET ADDRESS	2605 EMILY COURT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NEWSOME, CLAIRE	
STREET ADDRESS	3875 COPPER CIR E	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RISHEL, CAROL	
STREET ADDRESS	2115 BEACH AVE	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charlotte M. Lloyd	
STREET ADDRESS	1010 N. 24th St.	
CITY-ST-ZIP	Jacksonville Beach, FL 32250	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Charlotte M. Lloyd*

Feb. 6, 2003 *904-246-0874*

CR2E037 (10/02)