

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

02-25-2004 90050 049 ****61.25

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MOORE CR2E037 (11/03)

DOCUMENT # 719488					
1. Entity Name APALACHEE BAY YACHT CLUB, INC.					
Principal Place of Business 69 HARBOUR POINT DRIVE CRAWFORDVILLE FL 32327 US			Mailing Address P. O. BOX 5673 TALLAHASSEE FL 32314		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 59-2441392	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROSS, KINGSLEY 443 HARBOUR POINT DRIVE CRAWFORDVILLE FL 32327				Name LARRY FUCHS Street Address (P.O. Box Number is Not Acceptable) 3058 WATERFORD DRIVE City TALLAHASSEE FL 32309	
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 <i>Larry Fuchs</i> LARRY FUCHS 2/18/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004			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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHUB, RUSSELL 43 HARBOUR POINT DRIVE CRAWFORDVILLE FL 32327	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Joann Vesecky, Scribe ☒ Change ☒ Addition 133 Beauty Talk Dr. Shell Point Beach, FL 32327	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FUCHS, LARRY, Commodore 3058 WATERFORD DR TALLAHASSEE FL 32309	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Esther Cummings, Junior ☐ Change ☒ Addition 50 Royster Dr. Crawfordville, FL 32327	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD AUGUSTINE, STEVE - past commodore 1410 WEKEWA NENE TALLAHASSEE FL 32301	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BJERREGAARD, CARL 171 HARBOUR POINT DRIVE CRAWFORDVILLE FL 32327	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Keith Phelps, Rear Commodore ☒ Change ☒ Addition Harbour Point Dr. Crawfordville, FL 32327	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WERNDL, JACKIE Vice-Commodore 3272 RUE DE LAFITTE TALLAHASSEE FL 32312	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GROVES, LYNN, Purser 17 ROYSTER DR CRAWFORDVILLE FL 32327	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: <i>Larry Fuchs</i> LARRY FUCHS 2/18/04 (850) 222-6565			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		