2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State
04-20-2006 90207 031 ****61.25

DOCUMENT # 719488

1. Entity Name
APALACHEE BAY YACHT CLUB, INC.

Principal Place of Business	Mailing Address
69 HARBOUR POINT DRIVE CRAWFORDVILLE, FL 32327 US	P. O. BOX 5673 TALLAHASSEE, FL 32314

04182006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2441392 ☐ Applied For ☐ Not Applicable

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
~~FUCHS, LARRY~~ ~~3058 WATERFORD DRIVE~~ ~~TALLAHASSEE, FL 32309~~ Lynn Groves 17 Royster Dr. Crawfordville, FL 32327	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 [signature] DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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	SD PHLEPS, ANNNETTE 37 HARBOUR POINT DR CRAWFORDVILLE, FL 32327	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Moses Turner 1583 Shell Point Rd. Crawfordville, FL. 32327	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FUCHS, LARRY 3058 WATERFORD DR TALLAHASSEE, FL 32309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director John McBride 203 W. 4th Ave Tallahassee, FL 32303-6154	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HARRIS, CLAIRS 82 ROYSTER DR CRAWFORDVILLE, FL 32327	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Maxine Glenn 28 Sandpiper Lane Crawfordville FL 32327	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHELPS, KEITH 37 HARBOUR POINT DR CRAWFORDVILLE, FL 32327	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Phil Werndli 3272 Rue de Lafitte Tallahassee FL 32321	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WERNDLI, JACKIE 3272 RUE DE LAFITTE TALLAHASSEE, FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Vice Pres. Mava Lipsius 1896 Witchtree Acres Tallahassee, FL 32312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ GROVES, LYNN 17 ROYSTER DR CRAWFORDVILLE, FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Director~~ President	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] 4/18/06 850/322-3832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #