2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#719488

FILED Mar 31, 2009 Secretary of State

Entity Name: APALACHEE BAY YACHT CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: 69 HARBOUR POINT DRIVE CRAWFORDVILLE, FL 32327 US **Current Mailing Address: New Mailing Address:** PO BOX 1830 CRAWFORDVILLE, FL 32326 FEI Number: 59-2441392 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GLENN, MAXINE B 28 SANDPIPER LANE CRAWFORDVILLE, FL 32327 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BJERREGAARD, CARL Name: Name: 171 HABOUR POINT DRIVE Address: Address: City-St-Zip: CRAWFORDVILLE, FL 32327 City-St-Zip: Title: VD () Delete Title: VD (X) Change () Addition HANKINSS, FRANK Name: HANKINS, FRANK Name: Address: 314 BEATTY TAFF ROAD Address: 314 BEATTY TAFF ROAD City-St-Zip: CRAWFORDVILLE, FL 32327 City-St-Zip: CRAWFORDVILLE, FL 32327 Title: () Delete Title: SD (X) Change () Addition LIPSIUS, MARC DEPEW, HENRY Name: Name: 1623 SHELL POINT ROAD 3312 WEST LAKE SHORE DRIVE Address: Address: City-St-Zip: CRAWFORDVILLE, FL 32327 City-St-Zip: TALLAHASSEE, FL 32312 Title: SD () Delete Title: D (X) Change () Addition Name: O'HARA, DAVID Name: O'HARA, DAVID 4356 DAVID COURT 4356 DAVID COURT Address: Address: City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: TALLAHASSEE, FL 32309 Title: () Delete Title: () Change () Addition WERNDLT, PHIL Name: Name: 3272 RUD DE LAFITTE Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: () Delete Title: () Change () Addition EDWARD, FRIES Name: Name: Address: 18 SEA BREEZE DRIVE Address: CRAWFORDVILLE, FL 32327 City-St-Zip: City-St-Zip:

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: MAXINE B GLENN TD 03/31/2009