2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90344 001 ****61.25

DOCUMENT # 725810

1. Entity Name
PELICAN YACHT CLUB, INC.

50038650

04112005 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
1120 SEAWAY DR FT PIERCE, FL 34949 US	1120 SEAWAY DR FORT PIERCE, FL 34949 US

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 59-0572390 ☐ 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
FEE, F. H. III 401-A SOUTH INDIAN RIVER DR. FT PIERCE, FL 34950	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 _____ 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, 2005

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	DPC GORMAN, ROBERT 1209 DELAWARE AVE FORT PIERCE, FL 34950	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPC BRYANT, WILLIAM 1550 OLD DIXIE HWY. VERO BEACH, FL. 32960	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC BRYANT, WILLIAM 1550 OLD DIXIE HWY. LIVE OAK, FL 32060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC FULLER, DAN 2500 HARBOUR COVE DR. FT. PIERCE, FL. 34949	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC FULLER, DAN 2500 HARBOUR COVE DR FORT PIERCE, FL 34949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC LYNCH, RICK 2502 N. INDIAN RIVER DR. FT. PIERCE, FL. 34946	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BROWN, MIKE JR. 719 GEORGIA AVE. FORT PIERCE, FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT COKE, CHRISTINE 1110 GRANADA ST. FT. PIERCE, FL. 34949	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS YATES, CAMILLE 719 GEORGIA AVE FORT PIERCE, FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ROSENTHAL, PHILIP 801 S. OCEAN DR. PH 1006 FT. PIERCE, FL. 34949	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RC LYNCH, RICK 2502 N. INDIAN RIVER DR. FORT PIERCE, FL 34946	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RC BROWN, MIKE JR. 2925 S. INDIAN RIVER DR. FT. PIERCE, FL. 34982	☒ 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: _____ 4/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #