FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -1 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765601 (0)

1. Corporation Name

PALATKA YACHT CLUB, INC.

Principal Place of Business	Mailing Address
600 REID ST. P.O. BOX 2004 PALATKA FL 32178-9004	600 REID ST. P.O. BOX 2004 PALATKA FL 32178-2004 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/29/1982
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-2869342 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

O'CONNOR, C.E., JR.
300 REID ST
PALATKA FL 32177

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number Is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~VD~~	1.1 TITLE	Commodore	☒ Change ☐ Addition
NAME	~~BARTON, BRUCE~~	1.2 NAME	Bruce Barton - CD	
STREET ADDRESS	~~RT 2 BOX 184 NA~~	1.3 STREET ADDRESS	Rt. 2 Box 184 NA	
CITY-ST-ZIP	~~E PALATKA FL~~	1.4 CITY-ST-ZIP	East Paltaka,Fl. 32131	
TITLE	~~CD~~	2.1 TITLE	Vice Commodore	☒ Change ☐ Addition
NAME	~~LANDRY, ROBERT~~	2.2 NAME	Nick Florentine - VCD	
STREET ADDRESS	~~RT 6 BOX 011 NA~~	2.3 STREET ADDRESS	Rt. 1 Box 749	
CITY-ST-ZIP	~~PALATKA FL~~	2.4 CITY-ST-ZIP	East Palatka,Fl. 32131	
TITLE	SD	3.1 TITLE	Secretary	☐ Change ☐ Addition
NAME	COWAN, LENORE	3.2 NAME	Lenore Cowan - SD	
STREET ADDRESS	RT 2 BOX 184A NA	3.3 STREET ADDRESS	RT. 2 Box 184A	
CITY-ST-ZIP	E PALATKA FL	3.4 CITY-ST-ZIP	East Palatka,Fl. 32131	
TITLE	~~TD~~	4.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	~~VANGUNTEN, MARCIA~~	4.2 NAME	Rosie Dolinski - TD	
STREET ADDRESS	~~RT 1 BOX 688 NA~~	4.3 STREET ADDRESS	703 Magnolia Dr.	
CITY-ST-ZIP	~~E PALATKA FL~~	4.4 CITY-ST-ZIP	East Palatka,Fl. 32131	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rosie Dolinski 2-6-95 904-328-5627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024831