

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765601 (0)
1. Corporation Name
PALATKA YACHT CLUB, INC.



Principal Place of Business 600 REID ST. P.O. BOX 2004 PALATKA FL 32178-9004	Mailing Address 600 REID ST. P.O. BOX 2004 PALATKA FL 32178-2004 US
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21 2. Principal Place of Business	2a Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	25 Zip
29 Zip	30 Country

3. Date Incorporated or Qualified 10/29/1982	3a. Date of Last Report 03/12/1996
4. FEI Number 59-2869342	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	CD
NAME	GILLEAN, HARRY	1.2 NAME	MCAFFEE, LARRY
STREET ADDRESS	RT 2 BOX 11322A	1.3 STREET ADDRESS	STAR RT. 3 BOX 1461
CITY-ST-ZIP	PALATKA FL 32177	1.4 CITY-ST-ZIP	SATSUMA, FL. 32189
TITLE	VCD	2.1 TITLE	VCD
NAME	MCAFFEE, LARRY	2.2 NAME	ROBERDS, GENE
STREET ADDRESS	STAR RT. 3 BOX 1461	2.3 STREET ADDRESS	RT. 2 BOX 747
CITY-ST-ZIP	SATSUMA FL 32189	2.4 CITY-ST-ZIP	SATSUMA, FL. 32189
TITLE	S	3.1 TITLE	
NAME	COWAN, LENORE	3.2 NAME	
STREET ADDRESS	RT 2 BOX 184A NA	3.3 STREET ADDRESS	
CITY-ST-ZIP	E PALATKA FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	TD
NAME	ROWELL, SANDY	4.2 NAME	YANGUNTEN, MARCIA
STREET ADDRESS	RT. 1 BOX 817	4.3 STREET ADDRESS	119 CYPRESS DRIVE
CITY-ST-ZIP	E PALATKA FL 32131	4.4 CITY-ST-ZIP	EAST PALATKA, FL. 32131
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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.

CR2E037 (9/96)