

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N00000001764

1. Entity Name
RAT ISLAND YACHT CLUB, INC.



FILED
Apr 18, 2007 08:00 AM
Secretary of State

Principal Place of Business
136 CEDAR STREET
SAN MATEO, FL 32187

Mailing Address
P O BOX 1053
SAN MATEO, FL 32187



04072007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3645279

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARRACLOUGH, KEVIN
136 CEDAR STREET
SAN MATEO, FL 32187

**DO NOT WRITE
IN THIS SPACE**

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 Kevin BARRACLOUGH

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/07

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
BARRACLOUGH, KEVIN
136 CEDAR STREET
SAN MATEO, FL 32187

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
KIGHT, CONNIE
PO BOX 755
SAN MATEO, FL 32187

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
ASHLEY, RICHARD
207 GOODWIN ST
E. PALATKA, FL 32131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BURNHAM, DAVID
101 RIVERVIEW DRIVE
EAST PALATKA, FL 32131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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04/27/07-80069-012-61-25

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/07 386 312 0037

Date

Daytime Phone #