

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011045

FILED
Apr 16, 2005
Secretary of State

Entity Name: SAILORS PADDLERS AND ROWERS OF ST. AUGUSTINE, INC.

Current Principal Place of Business:

220 W KING ST
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

220 W KING ST
ST AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST, GREGORY K
13000 SAWGRASS VILLAGE CIRCLE SUITE 35
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: SMITH, CHARLES
Address: 409 ZOVOYDA AVE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D () Delete
Name: SARGENT, EDWARD
Address: 220 W KING STREET
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D () Delete
Name: BOSSENGER, ALAN
Address: 3 PARK TERR DR
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D () Delete
Name: BALCH, BOB
Address: 1 PONTE DE LEON AVE
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D () Delete
Name: HUTTON, SKIP
Address: 82 MAGNOLIA AVE
City-St-Zip: ST AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDWARD SARGENT

_____ Electronic Signature of Signing Officer or Director

T

04/16/2005

_____ Date