


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90095 021 ****70.00

DOCUMENT # N04000011045

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



Principal Place of Business
**220 W KING ST
 ST AUGUSTINE, FL 32084**

Mailing Address
**220 W KING ST
 ST AUGUSTINE, FL 32084**

40014656



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01262007 Chg-NP CR2E037 (12/06)

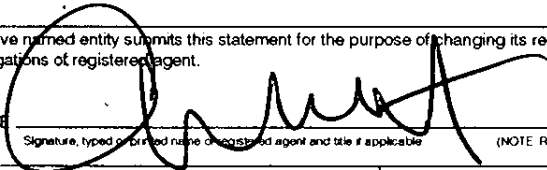
4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**WEST, GREGORY K
 13000 SAWGRASS VILLAGE CIRCLE SUITE 35
 PONTE VEDRA BEACH, FL 32082**

7. Name and Address of Now Registered Agent
 Name: **Gregory West**
 Street Address (P.O. Box Number is Not Acceptable): **Bryant Miller Olive, ~~Marked 7/10~~**
111 Riverside Ave #200
 City: **Jacksonville** FL Zip Code: **32202**

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:  (NOTE: Registered Agent signature required when reinstating)

DATE: **02/01/07**

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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	D MULLINS, LINDA 1538 MAKAVIOUS SAINT AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nancy Hutton 82 Magnolia Ave St Augustine FL 32084 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McCORTHER, EDWARD S 220 W KING STREET ST AUGUSTINE, FL 32084 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, Treas Edward McCarthy 220 W King St St Augustine FL 32084 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, KATHLEEN 128 HAWTHORN RD SAINT AUGUSTINE, FL 32086 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, Sec Tom Morton 961 Lew Blvd St Augustine FL 32080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALCH, BOB 1 PONTE DE LEON AVE ST AUGUSTINE, FL 32084 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Craig Marlowe 39 Magnolia Ave St Augustine FL 32084 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLISS, JOY 12 OGLETHORP BLVD. SAINT AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pres Jay Bliss 12 Oglethorpe Blvd St Augustine FL 32080 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Jay Bliss** Date: **Jan 30 07** Daytime Phone #: **904 825 2466**