

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011045

FILED
Jul 09, 2008
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WEST, GREGORY K
BRYANT MILLER OLIVE
111 RIVERSIDE AVE #200
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

FOURNIER, SUSAN E
444 MANGO CIRCLE
ST AUGUTINE, FL 32095 US

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: SUSAN FOURNIER

07/09/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: DS () Delete
Name: MORTON, TOM
Address: 961 LEW BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: FORNIER, SUSAN
Address: 44 MANGO CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32095

Title: D () Delete
Name: THOMPSON, WENDY
Address: 317 VILLAGE DR
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 exemption stated 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 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: SUSAN FOURNIER

MS.

07/09/2008

Electronic Signature of Signing Officer or Director

Date