2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N03000010983

Entity Name: FLORIDA SEA KAYAKING ASSOCIATION, INC.

Current Principal Place of Business:

1563 ALFORD PLACE
SUITE 1
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

1685 SANDY HOLLOW LOOP
MIDDLEBURG, FL 32068 US

Current Mailing Address:

1563 ALFORD PLACE
SUITE 1
JACKSONVILLE, FL 32207 US

New Mailing Address:

1685 SANDY HOLLOW LOOP
MIDDLEBURG, FL 32068 US

FEI Number: 61-1464546 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, HOWARD J
8810-C GOODBY'S EXECUTIVE DRIVE
JACKSONVILLE, FL 32217 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:	GORDON, LARRY	
Address:	6863 SAN SEBASTIAN AVENUE	
City-St-Zip:	JACKSONVILLE, FL 32217 US	
Title:	D	( ) Delete
Name:	DECKER, DANA	
Address:	445 TABOR DR E	
City-St-Zip:	JACKSONVILLE, FL 32216 US	
Title:	TD	( ) Delete
Name:	SWEET, THOMAS J	
Address:	1563 ALFORD PLACE, SUITE 1	
City-St-Zip:	JACKSONVILLE, FL 32207 US	
Title:	VPD	( ) Delete
Name:	MCNEIL, JOHN	
Address:	5240 CAMELOT FOREST DR.	
City-St-Zip:	JACKSONVILLE, FL 32258	
Title:	PD	( ) Delete
Name:	DICKINSON, FRANKLIN	
Address:	60 A NORTH ROSCOE BLVD	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	D	( ) Delete
Name:	BAILEY, GREG	
Address:	822 CLOUD BERRY BRANCH WAY	
City-St-Zip:	JACKSONVILLE, FL 32259	

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:	
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: VINCENT DIVIESTI MR 01/20/2009

Electronic Signature of Signing Officer or Director — Date