

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N00000007670

**Entity Name:** FERNANDINA PIRATES CLUB, INC.

**Current Principal Place of Business:**

2025 CASHENWOOD DR  
FERNANDINA BEACH, FL 32034

**Current Mailing Address:**

P.O. BOX 17243  
FERNANDINA BEACH, FL 32035 US

**FEI Number:** 59-3725070

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCCRIMMON, KELLEY J  
2025 CASHENWOOD DR  
FERNANDINA BEACH, FL 32034 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MACKIE, LAWRENCE  
Address        2015 B NATURES BEND DR  
City-State-Zip: FERNANDINA BEACH FL 32034

Title            VP  
Name            FRIENDLY, ROBYN  
Address        729 KENNETH CT  
City-State-Zip: FERNANDINA BEACH FL 32034

Title            TREASURER  
Name            MCCRIMMON, KELLEY J  
Address        2025 CASHENWOOD DR  
City-State-Zip: FERNANDINA BEACH FL 32034

Title            SECRETARY  
Name            JONES, CYNTHIA  
Address        95551 DOUGLAS RD  
City-State-Zip: FERNANDINA BEACH FL 32034

Title            SERGEANT OF ARMS  
Name            SIMON, ROGER D  
Address        1318 N SNAPPER LANE  
City-State-Zip: FERNANDINA BEACH FL 32034

Title            MEMBERSHIP  
Name            NICHOLLS, LISA  
Address        106 OCEAN RIDGE DR  
City-State-Zip: FERNANDINA BEACH FL 32034

Title            WAYS AND MEANS  
Name            KING, PATRICIA  
Address        95144 BLACKHAWK TRAIL  
City-State-Zip: FERNANDINA BEACH FL 32034

Title            PUBLIC RELATIONS  
Name            MACKIE, JUDY  
Address        2015 B NATURES BENDS DR  
City-State-Zip: FERNANDINA BEACH FL 32034

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*I hereby 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 all other like empowered.*

**SIGNATURE: KELLEY MCCRIMMON**

**TREASURER**

**08/13/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            FLOAT  
Name            SMITH, PAM  
Address        816 STANLEY DR  
City-State-Zip: FERNANDINA BEACH FL 32034

Title            SARGENT OF ARMS  
Name            SPINK, SAM  
Address        125 S 5TH ST  
City-State-Zip: FERNANDINA BEACH FL 32034

Title            WAREHOUSE  
Name            BOURASSA, FILLIMENA  
Address        1318 NORTH SNAPPER LANE  
City-State-Zip: FERNANDINA BEACH FL 32034