## 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.

TREASURER

#### SIGNATURE: GREG BAILEY

Electronic Signature of Signing Officer/Director Detail

City-State-Zip: JACKSONVILLE FL 32259

Title	VPD	Title
Name	BIANCHI, GUS	Name
Address	1809 SOUTHLAKE DR	Address
City-State-Zip:	MIDDLEBURG FL 32068	City-State-Zip
Title	Т	
Name	BAILEY, GREG	
Address	822 CLOUDBERRY BRANCH WAY	
0.1.0.0.0.7.		

## C

SIGNATURE:

	Electronic Signature of Registered Agent					
Officer/Director Detail :						
Title	PD	Title	D			
Name	NAFF, CHRIS	Name	DECKER, DANA			
Address	7418 WHITE BIRCH DRIVE	Address	445 TABOR DR E			
City-State-Zip:	JACKSONVILLE FL 32277	City-State-Zip:	JACKSONVILLE FL 32216			
			<b>_</b>			
Title	VPD	Title	D			
Name	BIANCHI, GUS	Name	PERDUE, JACK			
Address	1809 SOUTHLAKE DR	Address	17118 DORADO CIRCLE			
City-State-Zip:	MIDDLEBURG FL 32068	City-State-Zip:	JACKSONVILLE FL 32226			
<b>T</b> .0.	-					
Title	I					

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.

JACKSONVILLE, FL 32217 US

822 CLOUDBERRY BRANCH WAY SAINT JOHNS. FL 32259

DOCUMENT# N03000010983

## **Current Mailing Address:**

822 CLOUDBERRY BRANCH WAY SAINT JOHNS. FL 32259 US

**Current Principal Place of Business:** 

## FEI Number: 61-1464546

# Name and Address of Current Registered Agent:

SMITH, HOWARD J 8810-C GOODBY'S EXECUTIVE DRIVE

Entity Name: FLORIDA SEA KAYAKING ASSOCIATION, INC.

## FILED Apr 17, 2013 Secretary of State CC2607993264

Certificate of Status Desired: No

Date

04/17/2013 Date