

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000011045

**FILED**  
**Jul 07, 2017**  
**Secretary of State**  
**CC8731908473**

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

**Current Principal Place of Business:**

220 W KING ST  
ST AUGUSTINE, FL 32084

**Current Mailing Address:**

220 W KING ST  
ST AUGUSTINE, FL 32084

**FEI Number: 32-0133444**

**Certificate of Status Desired: No**

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

BROCK, MICHAEL  
220 W KING STREET  
ST AUGUTINE, FL 32084 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: MICHAEL BROCK**

**07/07/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CO-PRESIDENT  
Name BROCK, MICHAEL  
Address 7 BALLARD AVE.  
City-State-Zip: ST AUGUSTINE FL 32084

Title OFFI  
Name MCCARTHY, EDWARD  
Address 220 W KING ST  
City-State-Zip: ST AUGUSTINE FL 32084

Title OFFICER  
Name NEHEMIAS, LUKE  
Address 220 WEST KING ST  
City-State-Zip: ST. AUGUSTINE FL 32084

Title OFFICER  
Name HARTLEY, J.  
Address 220 WEST KING ST.  
City-State-Zip: ST. AUGUSTINE FL 32084

*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: MICHAEL BROCK**

**CO-PRESIDENT**

**07/07/2017**

Electronic Signature of Signing Officer/Director Detail

Date