

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1996.
AMOUNT DUE ON OR BEFORE 8/8/96: \$188 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JUN 19 AM 11:41

DOCUMENT # 700456

(7)

1. Corporation Name

PASS-A-GRIFFE YACHT CLUB INC

Principal Place of Business

Mailing Address

2301 PASS-A-GRIFFE WAY
 ST PETERSBURG BCH. FL 33706

2301 PASS-A-GRIFFE WAY
 ST PETERSBURG BCH. FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

02/16/1960

04/18/1994

4. FEI Number

Applied For

59-0911753

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

7. Nonprofit with IRS 501(c)(3)
 Tax Exempt Status

**FILING FEE IS
 \$61.25**

8. This corporation has liability for intangible tax under s. 199.032,
 Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITTAKER, EDWIN S
 2301 PASS-A-GRIFF WAY
 ST. PETERSBURG BEACH FL 33706**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Edwin S. Whittaker

6/14/95

DATE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD**
 NAME **PIFF, JOHN**
 STREET ADDRESS **350 COREY AVE.**
 CITY - ST - ZIP **ST. PETERSBURG BEACH FL**

11 TITLE **CD**
 12 NAME **Lonnon, Richard L.**
 13 STREET ADDRESS **11760 Capri Circle So.**
 14 CITY - ST - ZIP **Treasure Island, FL 33706**

TITLE **VCD**
 NAME **LONNON, RICHARD**
 STREET ADDRESS **11760 CAPRI CIRCLE SOUTH**
 CITY - ST - ZIP **TREASURE ISLAND FL**

21 TITLE **VCD**
 22 NAME **Richard L. Keller**
 23 STREET ADDRESS **2702 Pass-a-Grille Way**
 24 CITY - ST - ZIP **St. Pete Beach, FL 33706**

TITLE **RCD**
 NAME **EDWARDS, HOWARD**
 STREET ADDRESS **407 BOCA CIEGA PINT BLVD. NO.**
 CITY - ST - ZIP **ST. PETERSBURG FL**

31 TITLE **RCD**
 32 NAME **Harvey W. Fritz**
 33 STREET ADDRESS **5200 Brittany Dr. So.**
 34 CITY - ST - ZIP **St. Petersburg, FL 33715**

TITLE **SD**
 NAME **KELLER, RICHARD L**
 STREET ADDRESS **2702 PASS-A-GRIFFE WAY**
 CITY - ST - ZIP **ST PETERSBURG BCH FL**

41 TITLE **SD**
 42 NAME **Margaret B. Growney**
 43 STREET ADDRESS **7986 Causeway Blvd. So.**
 44 CITY - ST - ZIP **St. Petersburg, FL 33707**

TITLE **TD**
 NAME **WHITTAKER, EDWIN**
 STREET ADDRESS **417 HAVEN POINT DRIVE**
 CITY - ST - ZIP **TREASURE ISLAND FL**

51 TITLE
 52 NAME
 53 STREET ADDRESS
 54 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

61 TITLE
 62 NAME
 63 STREET ADDRESS
 64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Edwin S. Whittaker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/95

Date

(813) 360-1646

Daytime Phone #

CR2E037 (3/95)