


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90014 012 \*\*\*\*61.25

<b>DOCUMENT # 703135</b> 1. Entity Name <b>THE ORMOND BEACH YACHT CLUB INC.</b>					
Principal Place of Business <b>63 N. BEACH ST. ORMOND BEACH, FL 32174-5601 US</b>			Mailing Address <b>2887 JOHN ANDERSON DR ORMOND BEACH, FL 32176 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>75 LINCOLN AV.</b> Suite, Apt. #, etc.			
City & State 		City & State <b>ORMOND BEACH FL</b>		4. FEI Number <b>23-7190052</b>	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32174</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CALLAHAN, KEVIN 2887 JOHN ANDERSON DR ORMOND BEACH, FL 32176</b>			7. Name and Address of New Registered Agent Name <b>PEARSON, Robert</b> Street Address (P.O. Box Number is Not Acceptable) <b>75 LINCOLN AV.</b> City <b>ORMOND BEACH</b> <b>FL</b> Zip Code <b>32174</b>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Robert B. Pearson</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>RUPPEL, CHARLES</b> <input checked="" type="checkbox"/> Delete <b>542 SANDY OAKS BLVD</b> <b>ORMOND BEACH, FL 32174</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>WILLIAMS, EARL JR</b> <input type="checkbox"/> Delete <b>234 CHEROKEE RD</b> <b>ORMOND BEACH, FL 32174</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>CALLAHAN, KEVIN</b> <input checked="" type="checkbox"/> Delete <b>2887 JOHN ANDERSON DRIVE</b> <b>ORMOND BEACH, FL 32174</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>ALFREDSON, PALE</b> <b>P O BOX 251295 N/A</b> <b>HOLLY HILL, FL 32125</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>SPANGLER, JAN</b> <b>174 S. RIDGEWOOD AVE</b> <b>ORMOND BEACH, FL</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>THOMAS, ROBERT</b> <b>16 FAIRVIEW AVE</b> <b>ORMOND BEACH, FL 32174</b>				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CALLAHAN, KEVIN</b> <b>2887 JOHN ANDERSON DR.</b> <b>ORMOND BEACH, FL 32176</b>					
ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PEARSON, Robert</b> <b>75 LINCOLN AV.</b> <b>ORMOND BEACH, FL 32174</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u><i>Robert B. Pearson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u><i>1/10/04</i></u> <u><i>407-509-6051</i></u> <small>Date Daytime Phone #</small>	