FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(6)

ANCHORAGE YACHT CLUB, INC.						
Principal Place of Business Mailing Address					n indilit dandt tedet determine social child	Bille OLDES ENGST BEBIN BIBLI BIBLI BIBLI IBBL
P O BOX 245 STUART FL 34995 STUART FL 34995-0245						
					3. Date Incorporated or Qualified 07/25/1968	3a. Date of Last Report 02/21/1996
2. Principal P.	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26					59-1977927	Not Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 27 City & State City & State			····		A Station Committee Signature	
23	¬				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	,	8. This corporation has liability for	
24	25	29	30			Yes K No
	9. Name and Address of Currer		1271		10. Name and Address of New Re	gletered Agent
			81	Name		
KROGSTIE, ROBERT A				2 Street Address (P.O. Box Number is Not Acceptable)		
11 SW RIVERWAY BLVD.				0.700171		
PALM CITY FL 34990			83			
			84	City		85 Zip Code
				L		FL at 250 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	Signature typed or printed name of registered agr	And the description of the Control o	TC. Davidson d Am		quired when reinetating)	DAYE
12.		D DIRECTORS	13.	= it # grantite re	ADDITIONS/CHANGES TO OFFIC	
TITLE	VCD	DELETÉ	1.1 TITLE			
NAME	GINSLER, JOHN		1.2 NAME	İ	STUNT, FREDERICK BL 4300 S.E. ST. Lucie BL	V2 -468
STREET ADDRESS	1346 N.W. PINE RIDGE TRAI	L	1.3 STREET	ADDRESS	4300 S.E. ST. LUCIE 100	
CITY-ST-ZIP	STUART FL		1.4 CITY - S	T-ZIP	STU ART, FL. 34997	ľ
TITLE	SD	DELETE	2.1 TITLE			Change Addition
NAME	van Kirk, arlene		2.2 NAME			
STREET ADDRESS	1823 NW SHORE TERR		2.3 STREET	ADDRESS		
CITY-ST-ZIP	STUART FL		2. 4 CITY-			
TITLE	CD	DELETE	3.1 TITLE	[7	CD Martin, Marie 6531 St. Feberal Hwy.	Change Addition
NAME	DOUGLAS, BOYCE		3.2 NAME		MARTIN SE EMBERGE HWY.	# P-212
STREET ADDRESS	3130 BEDFORD DRIVE SE		3.3 STREET			
CITY-ST-ZIP	STUART FL	DELETE	3.4. CITY-	ST-ZIP	STURET, FL 34997	Change Addition
TITLE	TD	L DELETE	4.1 TITLE	ļ		C Charipe C Applifor
NAME	KROGSTIE, ROBERT A		4. 2 NAME			
STREET ADDRESS	11 SW RIVERWAY BLVD.		4.3 STREET	1		
CITY-ST-ZIP TITLE	PALM CITY FL 34990	☐ DELETE	4.4 CITY - 5 5.1 TITLE	ii-ZIP		Change Addition
NAME		_ Dittell	5.7 NAME			First annually First security
STREET ADDRESS			5.3 STREET	ADDRECC		i
l			5.4 C/TY-S			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	or-Lif		☐ Change ☐ Addition
NAME		<u> </u>	6.2 NAME	1		
CTREET ANDRESS			1	ADDRESC		

14. I do 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 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 this 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.

6.4 CITY - ST - ZIP

SIGNATURE:

FILED

Jan 27 1997 8:00am

Secretary of State