


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90022 005 ****61.25

DOCUMENT # 719488 1. Entity Name APALACHEE BAY YACHT CLUB, INC.					
Principal Place of Business 69 HARBOUR POINT DRIVE CRAWFORDVILLE, FL 32327 US			Mailing Address P. O. BOX 5673 TALLAHASSEE, FL 32314		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 1830			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State CRAWFORDVILLE, FL		4. FEI Number 59-2441392	
Zip		Country		Applied For Not Applicable	
Zip 32326		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GROVES, LYNN 17 ROYSTER DRIVE CRAWFORDVILLE, FL 32327				7. Name and Address of New Registered Agent Name MAXINE B. GLENN Street Address (P.O. Box Number is Not Acceptable) 28 SANDPIPER LANE City CRAWFORDVILLE FL Zip Code 32327	
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 <i>Maxine B. Glenn</i> MAXINE B. GLENN, TREASURER 2/7/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TURNER, MOSES 1583 SHELL POINT ROAD CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLENN, MAXINE 28 SANDPIPER LANE CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUPSUIS, MARC 1896 WITCHTREE ACRES TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WERNDLI, JACKIE 3272 RUE DE LAFITTE TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GROVES, LYNN 17 ROYSTER DR CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WERNDLI, PHIL 3272 RUE DE LAFITTE TALLAHASSEE, FL 32312		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
SIGNATURE: <i>Maxine B. Glenn</i> MAXINE B. GLENN, TREASURER 2/7/07 850-926-5024 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	5/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JOHN HARRELL		
STREET ADDRESS	238 HARBOUR POINT DRIVE		
CITY - ST - ZIP	CRAWFORDVILLE, FL 32327		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FRANK HANKINS		
STREET ADDRESS	314 BEATTY TAFF ROAD		
CITY - ST - ZIP	CRAWFORDVILLE, FL 32327		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LORNA TWEEDIE		
STREET ADDRESS	71 TWEEDIE'S PLACE		
CITY - ST - ZIP	CRAWFORDVILLE, FL 32327		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			