2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# 719488

Entity Name: APALACHEE BAY YACHT CLUB, INC.

Current Principal Place of Business:

69 HARBOUR POINT DRIVE
CRAWFORDVILLE, FL 32327 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1830
CRAWFORDVILLE, FL 32326

New Mailing Address:

FEI Number: 59-2441392 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLENN, MAXINE B
28 SANDPIPER LANE
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BJERREGAARD, CARL	
Address:	171 HABOUR POINT DRIVE	
City-St-Zip:	CRAWFORDVILLE, FL 32327	
Title:	VD	( ) Delete
Name:	HANKINSS, FRANK	
Address:	314 BEATTY TAFF ROAD	
City-St-Zip:	CRAWFORDVILLE, FL 32327	
Title:	D	( ) Delete
Name:	LIPSIUS, MARC	
Address:	1623 SHELL POINT ROAD	
City-St-Zip:	CRAWFORDVILLE, FL 32327	
Title:	SD	( ) Delete
Name:	O'HARA, DAVID	
Address:	4356 DAVID COURT	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	D	( ) Delete
Name:	WERNDLT, PHIL	
Address:	3272 RUD DE LAFITTE	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	D	( ) Delete
Name:	EDWARD, FRIES	
Address:	18 SEA BREEZE DRIVE	
City-St-Zip:	CRAWFORDVILLE, FL 32327	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	(X) Change ( ) Addition
Name:	HANKINS, FRANK	
Address:	314 BEATTY TAFF ROAD	
City-St-Zip:	CRAWFORDVILLE, FL 32327	
Title:	SD	(X) Change ( ) Addition
Name:	DEPEW, HENRY	
Address:	3312 WEST LAKE SHORE DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	D	(X) Change ( ) Addition
Name:	O'HARA, DAVID	
Address:	4356 DAVID COURT	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MAXINE B GLENN TD 03/31/2009

Electronic Signature of Signing Officer or Director — Date