
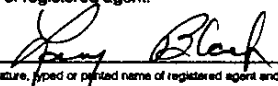



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90012 043 \*\*\*\*61.25

<b>DOCUMENT # 730720</b> 1. Entity Name <b>TALLAHASSEE BOATING CLUB, INC.</b>					
Principal Place of Business <b>P.O. BOX 403 SOPCHOPPY, FL 32358-0403</b>			Mailing Address <b>P.O. BOX 403 SOPCHOPPY, FL 32358-0403</b>		
2. Principal Place of Business <b>1 Gretchen Ln.</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 1184</b> Suite, Apt. #, etc.			
City & State <b>Sopchoppy</b>		City & State <b>Woodville, FL</b>		4. FEI Number <b>59-3070769</b>	
Zip <b>32358</b>		Country <b>Nakulla</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32362</b>		Country <b>Leon</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FEWELL, RICKY 14 LESLIE ANNE ST. CRAWFORDVILLE, FL 32327</b>			7. Name and Address of New Registered Agent Name <b>Black, Larry</b> Street Address (P.O. Box Number is Not Acceptable) <b>4351 Rockingham Rd.</b> City <b>Tallahassee, FL</b> Zip Code <b>32303</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  <span style="float: right;">2-8-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FEWELL, RICKY 14 LESLIE ANNE ST. CRAWFORDVILLE, FL 32327	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Larry Black 4351 Rockingham Rd. Tallahassee, FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONNELL, JERRY 5409 DEBBIE DR TALLAHASSEE, FL 32310	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Watford, Luther PO Box 1184 Woodville, FL 32362	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FEWELL, JOHNNIE 14 LESLIE ANNE ST. CRAWFORDVILLE, FL 32327	<input 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	TD ROBERTS, DEEDIE P.O. BOX 204 SOPCHOPPY, FL 32358	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Watford, Betty PO Box 1184 Woodville, FL 32362	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, PAM 1058 VISTA ROAD MONTICELLO, FL 32344	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roddenberry, NJ 16 Marshall Cook Rd. Sopchoppy, FL 32358	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODDENBERRY, SHIRLEY 8414 CABIN HILL RD TALLAHASSEE, FL 32311	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kinsey, Don PO Box 1320 Woodville, FL 32362	<input checked="" 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.					
SIGNATURE:  <b>LARRY BLACK</b> <span style="float: right;">2-8-05 888-562-1468</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					