


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

01-17-2006 90252 007 ****61.25

DOCUMENT # 730720					
1. Entity Name TALLAHASSEE BOATING CLUB, INC.					
Principal Place of Business 1 GRETCHEN LN SOPCHOPPY, FL 32358-0403			Mailing Address PO BOX 1184 WOODVILLE, FL 32362		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3070769	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BLACK, LARRY 4351 ROCKHINHAM RD TALLAHASSEE, FL 32303					
7. Name and Address of New Registered Agent Name: <u>Watford, Luther</u> Street Address (P.O. Box Number is Not Acceptable): <u>P.O. Box 1184</u> City: <u>Woodville</u> <u>Crawfordville</u> <u>32362</u> State: <u>FL</u> Zip Code: <u>32362</u>					
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>Luther Watford</u> DATE: <u>1/12/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 1, 2006		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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, LARRY		NAME	Luther Watford	
STREET ADDRESS	4351 ROCKHINHAM RD		STREET ADDRESS	P.O. Box 1184	
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP	Woodville, FL 32362	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATFORD, LUTHER		NAME	Jimmy Martin	
STREET ADDRESS	PO BOX 1184		STREET ADDRESS	W. 2223 Dozier Dr.	
CITY-ST-ZIP	WOODVILLE, FL 32362		CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEWELL, JOHNNIE		NAME	Shirley Roddenberry	
STREET ADDRESS	14 LESLIE ANNE ST.		STREET ADDRESS	16 Marshall Cook Rd	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP	Sopchoppy FL 32358	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATFORD, BETTY		NAME		
STREET ADDRESS	PO BOX 1184		STREET ADDRESS		
CITY-ST-ZIP	WOODVILLE, FL 32362		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODDENBERRY, NJ		NAME		
STREET ADDRESS	16 MARSHALL COOK RD		STREET ADDRESS		
CITY-ST-ZIP	SOPCHOPPY, FL 32358		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINSEY, DON		NAME		
STREET ADDRESS	PO BOX 1320		STREET ADDRESS		
CITY-ST-ZIP	WOODVILLE, FL 32362		CITY-ST-ZIP		
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: <u>Luther Watford</u> <u>Luther Watford</u> DATE: <u>1/12/06</u> PHONE: <u>850-421-3757</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

66000969



01112006 Chg-NP CR2E037 (11/05)



ATTACHMENT

66000969

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2006

TALLAHASSEE BOATING CLUB, INC.
PO BOX 1184
WOODVILLE, FL 32362

Subject: TALLAHASSEE BOATING CLUB, INC.

Reference Number:

730720

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MS

ANNUAL REPORTS SECTION