

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90040 006 \*\*\*\*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**

**40017771**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

0112007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-3070769**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WATFORD, LUTHER  
187 CENTERLINE RD  
CRAWFORDVILLE, FL 32720**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 ☐ Delete  
NAME **P**  
STREET ADDRESS **WATFORD, LUTHER**  
CITY-ST-ZIP **P.O. BOX 1184  
WOODVILLE, FL 32362**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **MARTIN, JIMMY**  
CITY-ST-ZIP **2223 DOZIER DR  
TALLAHASSEE, FL 32301**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **RODDENBERRY, SHIRLEY**  
CITY-ST-ZIP **16 MARSHALL COOK RD  
SOPCHOPPY, FL 32358**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **TD**  
STREET ADDRESS **WATFORD, BETTY**  
CITY-ST-ZIP **PO BOX 1184  
WOODVILLE, FL 32362**

TITLE ☒ Change ☐ Addition  
NAME **TD**  
STREET ADDRESS **Sanice Cornell**  
CITY-ST-ZIP **5409 Debbie Dr.  
Tallahassee, FL 32310**

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **RODDENBERRY, NJ**  
CITY-ST-ZIP **16 MARSHALL COOK RD  
SOPCHOPPY, FL 32358**

TITLE ☒ Change ☐ Addition  
NAME **Ricky Fowell**  
STREET ADDRESS **14 Leslie Ann St.**  
CITY-ST-ZIP **Crawfordville, FL 32327**

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **KINSEY, DON**  
CITY-ST-ZIP **PO BOX 1320  
WOODVILLE, FL 32362**

TITLE ☒ Change ☐ Addition  
NAME **Bobby Jack White**  
STREET ADDRESS **743 Louisa Mill Rd**  
CITY-ST-ZIP **Crawfordville, FL 32327**

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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Sanice Cornell** **2.12.07** **245-7418**