

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 730720 1. Entity Name TALLAHASSEE BOATING CLUB, INC.						FILED 08 JUL 22 AM 8:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1 GRETCHEN LN SOPCHOPPY, FL 32358-0403				Mailing Address PO BOX 1184 WOODVILLE, FL 32362			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3070769		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				07162008 Chg-NP CR2E037 (12/06)			
6. Name and Address of Current Registered Agent WATFORD, LUTHER 187 CENTERLINE RD CRAWFORDVILLE, FL 32720				7. Name and Address of New Registered Agent Name Nanette Causseaux Street Address (P.O. Box Number is Not Acceptable) 8067 Woodville Hwy City Tall FL Zip Code 32305			
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><i>Nanette Causseaux</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by September 12, 2008				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	P WATFORD, LUTHER P.O. BOX 1184 WOODVILLE, FL 32362	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Donnie Moore 54 Northwood Lane Crawfordville FL 32327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTIN, JIMMY 2223 DOZIER DR TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ricky Fewell 14 Leslie Anne St. Crawfordville FL 32327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODDENBERRY, SHIRLEY 16 MARSHALL COOK RD SOPCHOPPY, FL 32358	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Nanette Causseaux PO Box 1229 Woodville FL 32362	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONNELL, JANICE 5409 DEBBIE DR TALLAHASSEE, FL 32310	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300133392693 07/24/08--01027--003 ***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOWELL, RICKY 14 LESLIE ANN ST CRAWFORDVILLE, FL 32327	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jimmy Martin 2228 Dozier Dr. Tallahassee FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, BOBBY JACK 743 LAWHON MILL RD CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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><i>Nanette Causseaux, Sec.</i></u>				7/22/08			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Day Daytime Phone #</small>			