

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90128 047 ****61.25

DOCUMENT # 735774

1. Entity Name

CHRISTIAN BOATERS ASSOCIATION, INC.



Principal Place of Business

1647 BACON POINT RD
PAHOKEE FL 33476

Mailing Address

PO BOX 358
CANAL POINT FL 33438

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

59-1263351

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARLIN, SIMON
243 234 HIBISCUS STREET
TAVERNIER FL 33070

Name

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

243 HIBISCUS ST.

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 SD ☒ Delete
NAME MAHON, CLIFTON JR
STREET ADDRESS PO BOX 9205
CITY-ST-ZIP TAVERNIER FL 33070

TITLE SD ☐ Change ☒ Addition
NAME FISHER, LARRY
STREET ADDRESS 818 N. LANYARD DRIVE
CITY-ST-ZIP CINCINNATI, IN 46034

TITLE TD ☐ Delete
NAME SASSER, JOHN
STREET ADDRESS 135 JOHNNY MERCER BLVD
CITY-ST-ZIP SAVANNAH GA 31410

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

TITLE PD ☐ Delete
NAME SIMON, MARLIN
STREET ADDRESS 234 HIBISCUS STREET
CITY-ST-ZIP TAVERNIER FL 33070

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 243 HIBISCUS ST.
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WOOD, GEORGE
STREET ADDRESS PO BOX 3066
CITY-ST-ZIP FT PIERCE FL 34948

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

TITLE V ☐ Delete
NAME GRUBB, CHAD
STREET ADDRESS 417 BROAD STREET
CITY-ST-ZIP ASHLAND OH 44805

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

MARLIN H. SIMON

FEB. 19, 2006

305-852-4392