

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # 735774

1. Entity Name
CHRISTIAN BOATERS ASSOCIATION, INC.



Principal Place of Business
**243 HIBISCUS ST.
TAVERNIER, FL 33070**

Mailing Address
**P.O. BOX 904
ISLAMORADA, FL 33036**



01052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1263351

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARLIN, SIMON
243 HIBISCUS ST
TAVERNIER, FL 33070**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	FISHER, LARRY
STREET ADDRESS	818 N LANYARD DR
CITY-ST-ZIP	CICERO, IN 46034
TITLE	TD
NAME	SASSER, JOHN
STREET ADDRESS	135 JOHNNY MERCER BLVD
CITY-ST-ZIP	SAVANNAH, GA 31410
TITLE	PD
NAME	SIMON, MARLIN
STREET ADDRESS	243 HIBISCUS ST
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	D
NAME	MAHON, CLIFTON
STREET ADDRESS	PO BOX 89004
CITY-ST-ZIP	TAMPA, FL 33689
TITLE	VD
NAME	GRUBB, CHAD
STREET ADDRESS	417 BROAD STREET
CITY-ST-ZIP	ASHLAND, OH 44805
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/09/08-80024-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

MARLIN H. SIMON **MARLIN H. SIMON** 1/5/08 305-852-4392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #