2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2007 8:00 am
Secretary of State
05-08-2007 90011 004 ****61.25

DOCUMENT # 740603

1. Entity Name

PORT CANAVERAL YACHT CLUB, INC.

Principal Place of Business	Mailing Address
910 MULLET DRIVE CAPE CANAVERAL FL 32920 US	P.O. BOX 156 CAPE CANAVERAL FL 32920 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2448202 ☐ Applied For ☐ Not Applicable

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
O' SHAUGHNESSY, EDWARD 715 LAKE WOOD CIRCLE MERRITT ISLAND FL 32952	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: 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 / NAME / STREET ADDRESS / CITY ST ZIP	1VC MONTE-JORDON, VICTOR 710 WICKMAN LAKE DR VIERA FL 32940	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	1st VICE COMMODORE LINDA MUELLER P.O. BOX 506 CAPE CANAVERAL, FL 32920	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	2VC KEY, BILL 4005 AURANTIA RD MIMS FL 32754	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	2ND VICE COMMODORE FRANK ROSE III P.O. BOX 321467 COCOA BEACH, FL 32931	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	FC STUARD, CHARLEY P.O. BOX 541755 MERRITT ISLAND FL 32154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	C TRIPLETT, HARVEY 536 BEACH PARK LANE CAPE CANAVERAL FL 32920	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	COMMODORE EDWARD O'SHAUGHNESSY 715 LAKEWOOD CIRCLE MERRITT ISLAND, FL 32952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S SMALL, PATRICIA 67 SUNSET DR TITUSVILLE FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

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: Edward O'Shaughnessy 4-25-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #