

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754418

FILED  
Mar 30, 2009  
Secretary of State

**Entity Name:** APALACHEE BAY MARINE SAFETY SUPPORT GROUP, INC.

**Current Principal Place of Business:**

1557 SHELL POINT RD  
CRAWFORDVILLE, FL 32327 US

**New Principal Place of Business:**

**Current Mailing Address:**

1557 SHELL POINT RD  
CRAWFORDVILLE, FL 32327 US

**New Mailing Address:**

**FEI Number:** 59-2928401

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCGILL, JIM P  
181 HARBOUR POINT DR  
CRAWFORDVILLE, FL 32327 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: WATERS, MAE  
Address: 189 BEAUTY TAFF DAVIS  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Delete  
Name: ESNER, JAMES  
Address: 66 CONNIE DRIVE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: TD ( ) Delete  
Name: EDRINGTON, JOHN D JR  
Address: 18 GULF BREEZE CT  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: PD ( ) Delete  
Name: MCGILL, JIM P  
Address: 181 HARBOUR POINT DR  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: SD ( ) Delete  
Name: MORGAN, ROBERT M  
Address: 112 ROYSTER DR  
City-St-Zip: CRAWFORDVILLE, FL 32327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M. MORGAN

SD

03/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date