

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756240

FILED
Apr 21, 2011
Secretary of State

Entity Name: KISSIMMEE-BOAT-A-CADE, INC.

Current Principal Place of Business:

509 W. LAKE SUMMIT DR.
WINTER HAVEN, FL 33884 US

New Principal Place of Business:

Current Mailing Address:

509 W. LAKE SUMMIT DR.
WINTER HAVEN, FL 33884 US

New Mailing Address:

FEI Number: 59-1234084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZINSMEISTER, PAM
509 W. LAKE SUMMIT DR.
WINTER HAVEN, FL 33884 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: P
Name: MOFFITT, RON
Address: 815 S. OSCEOLA AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: VP
Name: PARSONS, CHARLES
Address: 805 NEPTUNE ROAD
City-St-Zip: KISSIMMEE, FL 34744

Title: RS
Name: BAVARO, CAROLEE
Address: 581 S. BINION ROAD
City-St-Zip: APOPKA, FL 32703

Title: T
Name: ZINSMEISTER, PAM
Address: 509 W. LAKE SUMMIT DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D
Name: ZINSMEISTER, TOM
Address: 509 W. LAKE SUMMIT DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D
Name: GRAY, DAVID
Address: 1540 HOBSON STREET
City-St-Zip: LONGWOOD, FL 32750

I hereby 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 all other like empowered.

SIGNATURE: PAM ZINSMEISTER

TREA

04/21/2011

Electronic Signature of Signing Officer or Director

Date