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Mar 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756514 (6)

1. Corporation Name

TAVARES BOATING CLUB, INC.



Principal Place of Business

Mailing Address

C/O PECKHAM, JAMES
456 KING WAY
TAVARES FL 32778
USC/O PECKHAM, JAMES
456 KING WAY
TAVARES FL 32778-5139
US3. Date Incorporated or Qualified
02/25/19813a. Date of Last Report
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21 C/O Alford, Willis
Suite, Apt. #, etc.26 C/O Alford, Willis
Suite, Apt. #, etc.

22 1676 Nassau Circle

27 1676 Nassau Circle

City & State

City & State

23 Tavares, Fl

28 Tavares, Fl

Zip

Country

Zip

Country

24 32778

25 US

29 32778

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PECKHAM, JAMES
456 KING WAY
TAVARES FL 32778

81 Name

Alford, Willis

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

1676 Nassau Circle

83

84 City

Tavares

FL

85 Zip Code
32778

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Willis Alford

Therrien Alford

2/22/1997

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	PECKHAM, JAMES	456 KING WAY	TAVARES FL	<input checked="" type="checkbox"/>
VD	ALFORD, WILLIS	1676 NASSAU CIRCLE	TAVARES FL	<input checked="" type="checkbox"/>
SD	THERBIEN, AGNES	12443 BLUE HERON WAY	LEESBURG FL	<input checked="" type="checkbox"/>
D	MAHNKEN, DAVID	2933 MYAKKA RIVER ROAD	TAVARES FL	<input checked="" type="checkbox"/>
TD	ALFORD, JEWEL	1676 NASSAU CIRCLE	TAVARES FL	<input checked="" type="checkbox"/>
D	SMITH, FRANK	3317 RAINBOW ROAD	TAVARES FL	<input checked="" type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD	Alford, Willis	1676 Nassau Circle	Tavares FL 32778	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	Mahnken, David	2933 Myakka River Road	Tavares FL 32778	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Johnson, Richard	609 Fox Run Blvd.	Tavares FL 32778	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	Therrien, Agnes	12443 Blue Heron Way	Leesburg FL 34788	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	Spring, Joanne	423 Peace Road	Tavares FL 32778	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Brown, Jay	2918 Wekiva Road	Tavares FL 32778	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Willis Alford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Therrien Alford 2/22/1997 352-343-3652

Date

Daytime Phone # 0014880

CR2E037 (9/96)