


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

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 757993</b> 1. Entity Name <b>SMYRNA SURFARI CLUB, INC.</b>	
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Principal Place of Business <b>340 N CAUSEWAY NEW SMYRNA BEACH, FL 32169 US</b>	Mailing Address <b>PO BOX 2362 NEW SMYRNA BEACH, FL 32170 US</b>
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01292008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2178909</b>	Applied For <input type="checkbox"/> Not Applicab
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>WRIGHT, THOMAS D 340 NORTH CAUSEWAY NEW SMYRNA BEACH, FL 32169</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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.

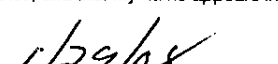
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000810134 02/08/08-80053-002 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STEELE, MARK 1931 WATERFORD ESTATES NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MARRIN, TERRY 719 PAYLISS AVE NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARKER, ROB PO BOX 643 NEW SMYRNA BEACH, FL 32170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AHERN, WILLIAM 913 E. 1ST AVE NEW SMYRNA BEACH, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	
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