01-22-2007 90081 002 ****61.25
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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
07 MAR -2 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763992

1. Entity Name
AMELIA ISLAND SAILING CLUB, INCORPORATED

Principal Place of Business	Mailing Address
P.O. BOX 1363 FERNANDINA BCH, FL 32034	P.O. BOX 1363 FERNANDINA BCH, FL 32034

01152007 Chg-NP CR2E037 (12/06)

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 59-2804571 ☐ 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
HOLCOMB, DARRELL 303 CENTRE ST STE 105 VILLA #313 FERNANDINA BEACH, FL 32034	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)

Filing 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	T BASS, LINDA P.O. BOX 15847 FERNANDINA BEACH, FL 32035	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER ROGER HENDERSON 591 PINEY ISLAND DR. FERNANDINA BEACH, FL 32034	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC HENDERSON, ROGER 591 PINEY ISLAND DRIVE FERNANDINA BEACH, FL 32034	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COMMODORE JOHN BURNS 86411 EASTPORT DR. FERNANDINA BEACH, FL 32034	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C BLANCHARD, JOE 1008 NATURES WALK DRIVE, UNIT B FERNANDINA BEACH, FL 32034	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REAR COMMODORE JOE BLANCHARD 1008 NATURES WALK DR., UNIT B FERNANDINA BEACH, FL 32034	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC BURNS, JOHN 88411 EASTPORT DR FERNANDINA BEACH, FL 32034	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE COMMODORE CHARLES STEINKAMP 1642 PLANTATION OAKS LANE FERNANDINA BEACH, FL 32034	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roger A. Henderson ROGER A. HENDERSON 1-17-07 904-753-2260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #