

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766848

FILED
May 03, 2007
Secretary of State

Entity Name: CHRIS CRAFT ANTIQUE BOAT CLUB, INC.

Current Principal Place of Business:

% WILSON W. WRIGHT
217 SOUTH ADAMS ST
TALLAHASSEE, FL 32301

New Principal Place of Business:

% WILSON W. WRIGHT
2628 LUCERNE DR.
TALLAHASSEE, FL 32303

Current Mailing Address:

% WILSON W. WRIGHT
217 SOUTH ADAMS ST
TALLAHASSEE, FL 32301 17

New Mailing Address:

% WILSON W. WRIGHT
2628 LUCERNE DR
TALLAHASSEE, FL 32303 17

FEI Number: 59-2553808 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WRIGHT, WILSON W.
217 SOUTH ADAMS ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

WRIGHT, WILSON W.
2628 LUCERNE DR
TALLAHASSEE, FL 32303 US

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: WILSON W.WRIGHT

05/03/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: WRIGHT, JUNE
Address: 2605 LUCERNE DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: SD () Delete
Name: WRIGHT, WILSON W
Address: 217 SOUTH ADAMS ST
City-St-Zip: TALLAHASSEE, FL

Title: T () Delete
Name: WRIGHT, PATRICIA D
Address: 217 SOUTH ADAMS ST
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: WRIGHT, WILSON W
Address: 2628 LUCERNE DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: T (X) Change () Addition
Name: WRIGHT, PATRICIA D
Address: 2628 LUCERNE DR.
City-St-Zip: TALLAHASSEE, FL

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: WILSON W. WRIGHT

SD

05/03/2007

Electronic Signature of Signing Officer or Director

Date