


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000001797</b>	
1. Entity Name DOTHAN BOAT CLUB, INCORPORATED	

Principal Place of Business PO BOX 1347 DOTHAN, AL 36302	Mailing Address PO BOX 1347 DOTHAN, AL 36302
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  HICKS, THOMAS M 2632 LAKEVIEW DRIVE ALFORD, FL 32420	
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04152004 No Chg-NP CR2E037 (10/03)	
4. FEI Number 63-6061782	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 Thomas M. Hicks DATE 4-15-04  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting))

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKS, TOM 2632 LAKEVIEW DRIVE ALFORD, FL 32420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAINES, FRANK 1520 PLAZA DRIVE DOTHAN, AL 36303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'NEAL, JESSIE 1511 VINWOOD DRIVE DOTHAN, AL 36303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, DON PO BOX 315 GRACEVILLE, FL 32440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEALY, WILLIAM P JR 210 MEADOWBROOK DRIVE DOTHAN, AL 36303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLEY, CALVIN 129 WOODCREEK DRIVE DOTHAN, AL 36301

DO NOT WRITE IN THIS SPACE

000000121096  
04/20/04-80036-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: W P Shealy, Jr W P Shealy, Jr Pres. 4-15-04 334-792-4200  
SIGNATURE AND TYPE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #