


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90112 016 ****61.25

DOCUMENT # F03000001797 1. Entity Name DOTHAN BOAT CLUB, INCORPORATED	
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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



03142005 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

6. Name and Address of Current Registered Agent

**HICKS, THOMAS M
2632 LAKEVIEW DRIVE
ALFORD, FL 32420**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	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**

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 **4-28-05** **334-792-4200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #