2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001797

F--4:4 - No---- DOTHAN DOAT OLLID INCO

Entity Name: DOTHAN BOAT CLUB, INCORPORATED

FILED May 08, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
PO BOX 1347 DOTHAN, AL 36302		LAKEVIEW CIRCLE ALFORD, FL 33420	
Current Mailing Address:		New Mailing Address:	
PO BOX 13 DOTHAN, /			
	e with s. 607.193(2)(b), F.S., the corporation did not receive		Certificate of Status Desired (X)
Name and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:
HICKS, THOMAS M 2632 LAKEVIEW DRIVE ALFORD, FL 32420 US		HICKS, THOMAS M 2632 LAKEVIEW CIRCLE ALFORD, FL 32420 US	
The above in the State	named entity submits this statement for the purpose of Florida.	of changing its registere	ed office or registered agent, or both,
SIGNATURE:			05/08/2007
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete HICKS, TOM 2632 LAKEVIEW DRIVE ALFORD, FL 32420	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete GAINES, FRANK 1520 PLAZA DRIVE DOTHAN, AL 36303	Title: P Name: STABLER, Address: 2660 LAKE City-St-Zip: ALFORD, F	EVIEW CIRCLE
Title: Name: Address: City-St-Zip:	D () Delete O'NEAL, JESSIE 1511 VINWOOD DRIVE DOTHAN, AL 36303	Title: D Name: O'NEAL, JE Address: 1511 VIRW City-St-Zip: DOTHAN, A	VOOD DRIVE
Title: Name: Address: City-St-Zip:	D () Delete GRAHAM, DON PO BOX 315 GRACEVILLE, FL 32440	Title: VP Name: GRAHAM, Address: PO BOX 3 City-St-Zip: GRACEVIL	
Title: Name: Address: City-St-Zip:	P () Delete SHEALY, WILLIAM P JR 210 MEADOWBROOK DRIVE DOTHAN, AL 36303	Title: S/T Name: CLAYTON, Address: 2672 LAKE City-St-Zip: ALFORD, F	EVIEW CIRCLE
Title: Name: Address: City-St-Zip:	VP (X) Delete KELLEY, CALVIN 129 WOODCREEK DRIVE DOTHAN, AL 36301	Title: Name: Address: City-St-Zip:	() Change () Addition

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: KRISTINA CLAYTON S/T 05/08/2007