2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# F03000001797

Entity Name: DOTHAN BOAT CLUB, INCORPORATED

Current Principal Place of Business:

LAKEVIEW CIRCLE
ALFORD, FL 33420

New Principal Place of Business:

Current Mailing Address:

PO BOX 1347
DOTHAN, AL 36302

New Mailing Address:

FEI Number: 63-6061782 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HICKS, THOMAS M
2632 LAKEVIEW CIRCLE
ALFORD, FL 32420 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HICKS, TOM
Address: 2632 LAKEVIEW DRIVE
City-St-Zip: ALFORD, FL 32420

Title: P ( ) Delete
Name: STABLER, CARLTON
Address: 2660 LAKEVIEW CIRCLE
City-St-Zip: ALFORD, FL 32420

Title: D ( ) Delete
Name: O'NEAL, JESSIE
Address: 1511 VIRWOOD DRIVE
City-St-Zip: DOTHAN, AL 36303

Title: VP ( ) Delete
Name: GRAHAM, DON
Address: PO BOX 315
City-St-Zip: GRACEVILLE, FL 32440

Title: S/T ( ) Delete
Name: CLAYTON, KRISTINA
Address: 2672 LAKEVIEW CIRCLE
City-St-Zip: ALFORD, FL 32420

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: MCKIBBEN, JACK
Address: 110 HADDINGTON PARK LANE
City-St-Zip: DOTHAN, AL 36305

Title: VP (X) Change ( ) Addition
Name: MCKINNIS, SCOTT
Address: 504 HOLLY LANE
City-St-Zip: HEADLAND, AL 36345

Title: D (X) Change ( ) Addition
Name: HUSTED, LINDA
Address: P O BOX 842
City-St-Zip: MARIANNA, FL 32447

Title: D (X) Change ( ) Addition
Name: GRAHAM, DON
Address: PO BOX 315
City-St-Zip: GRACEVILLE, FL 32440

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

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 04/29/2009

Electronic Signature of Signing Officer or Director — Date