

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000716

FILED
Mar 18, 2009
Secretary of State

Entity Name: ADVENTURES IN SAILING, INC.

Current Principal Place of Business:

6300 CLARK ST.
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

12509 STAGECOACH LN.
HUDSON, FL 34667

New Mailing Address:

40916 MARX AVE.
ZEPHYRHILLS, FL 33540

FEI Number: 59-3625398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORSE, ROBERT S P
12509 STAGECOACH LN.
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

MORSE, ROBERT S P
9151 ADLER ST.
NEW PORT RICHEY, FL 34654 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:

03/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MORSE, ROBERT S D
Address: 12509 STAGECOACH LN.
City-St-Zip: HUDSON, FL 34667 US

Title: D () Delete
Name: MORSE, JOSEPHINE R D
Address: 12509 STAGECOACH LN.
City-St-Zip: HUDSON, FL 34667 US

Title: D () Delete
Name: MORSE, JOHN H D
Address: 225 ARLINGTON AVE.
City-St-Zip: SPRINGFIELD, OH 45505 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MORSE, ROBERT S D
Address: 9151 ADLER ST.
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: D (X) Change () Addition
Name: MORSE, JOSEPHINE R D
Address: 9151 ADLER ST.
City-St-Zip: NEW PORT RICHEY, FL 34654 US

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: ROBERT S. MORSE

P

03/18/2009

Electronic Signature of Signing Officer or Director

Date