

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # N00000001764

1. Entity Name
RAT ISLAND YACHT CLUB, INC.



Principal Place of Business
136 CEDAR STREET
SAN MATEO, FL 32187

Mailing Address
P O BOX 1053
SAN MATEO, FL 32187



03312008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3645279

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARRACLOUGH, KEVIN
136 CEDAR STREET
SAN MATEO, FL 32187

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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

4/14/08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000901338
04/29/08-80064-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	BARRACLOUGH, KEVIN
STREET ADDRESS	136 CEDAR STREET
CITY-ST-ZIP	SAN MATEO, FL 32187
TITLE	S
NAME	KIGHT, CONNIE
STREET ADDRESS	PO BOX 755
CITY-ST-ZIP	SAN MATEO, FL 32187
TITLE	VCD
NAME	ASHLEY, RICHARD
STREET ADDRESS	207 GOODWIN ST
CITY-ST-ZIP	E. PALATKA, FL 32131
TITLE	T
NAME	BURNHAM, DAVID
STREET ADDRESS	101 RIVERVIEW DRIVE
CITY-ST-ZIP	EAST PALATKA, FL 32131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kevin BARRACLOUGH 4/14/08 386 546 2876