

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005132

FILED
Jan 03, 2006
Secretary of State

Entity Name: APALACHICOLA BAY OYSTER DEALERS ASSOCIATION, INC.

Current Principal Place of Business:

402 HWY 98
EASTPOINT, FL 32328

New Principal Place of Business:

Current Mailing Address:

P O BOX 247
EASTPOINT, FL 32328

New Mailing Address:

FEI Number: 59-3748707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINA, LYNN
868 C C LAND RD
PO BOX 247
EASTPOINT, FL 32328 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: PD () Delete
Name: WARD, TOMMY
Address: 137 LONG RD
City-St-Zip: APALACHICOLA, FL 32320

Title: VD () Delete
Name: MARTINA, LYNN
Address: 868 CC LAND RD
City-St-Zip: EASTPOINT, FL 32328

Title: S () Delete
Name: BARBER, STEPHANIE
Address: 169 N BAYSHORE DR
City-St-Zip: EASTPOINT, FL 32328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LYNN C. MARTINA

VP

01/03/2006

Electronic Signature of Signing Officer or Director

Date