

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90050 044 \*\*\*\*61.25

**DOCUMENT # N03000000714**

1. Entity Name  
**ANGLERS' YACHT CLUB, INC.**



Principal Place of Business  
**2 NORTH CAUSEWAY  
NEW SMYRNA BEACH, FL**

Mailing Address  
**350 N. CAUSEWAY  
NEW SMYRNA BEACH, FL 32169**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-0996113**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**BREWER, MICHAEL L  
500 CANAL STREET  
NEW SMYRNA BEACH, FL 32168**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE VC ☐ Delete  
NAME DOONEL, BERT  
STREET ADDRESS 1821 READY ROAD  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE CE ☐ Delete  
NAME COATS, MIKE  
STREET ADDRESS 1580 SHADOW PINES DRIVE  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE C ☐ Delete  
NAME WELSH, GREG  
STREET ADDRESS PO BOX 930  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32170

TITLE D ☐ Delete  
NAME HAWKINS, ELBERT  
STREET ADDRESS 512 YUPON AVE  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE T ☐ Delete  
NAME PEARSALL, JIMMY  
STREET ADDRESS PO BOX 2245  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32170

TITLE D ☐ Delete  
NAME NOLAND, JIM  
STREET ADDRESS PO BOX 337  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32170

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME **Beet Daniel**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **Commodore**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **Rear Commodore**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **Vice Commodore**  
STREET ADDRESS  
CITY-ST-ZIP

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: *Jimmy Pearsall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JIMMY PEARSALL TREASURER**

Date

Daytime Phone #

**1/8/07**

**386-428  
9957**