


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

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90046 032 ****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	
4. FEI Number 59-0996113				
Applied For Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
BREWER, MICHAEL L 500 CANAL STREET NEW SMYRNA BEACH, FL 32168		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____				
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BERT, DANIEL 1824 READY ROAD NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COATS, MIKE 1580 SHADOW PINES DRIVE NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REG WELSH, GREG PO BOX 930 NEW SMYRNA BEACH, FL 32170	<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAWKINS, ELBERT 512 YUPON AVE NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEARSALL, JIMMY PO BOX 2245 NEW SMYRNA BEACH, FL 32170	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC NOLAND, JIM PO BOX 937 NEW SMYRNA BEACH, FL 32170	<input checked="" type="checkbox"/> Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 812 New Smyrna Beach FL 32170	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REAR COMMANDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Gene Sheldon 810 Maralyn Ave, New Smyrna Beach FL 32169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COMMANDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	350 NORTH CAUSEWAY New Smyrna Beach FL 32169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ARON KELLY 1025 S. GIBCOE RD, New Smyrna Beach FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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: <u><i>James Pearsall</i></u>		Date: <u>1/21/08</u>	Daytime Phone #: <u>406-684-7461</u>	

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