


**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		4. FEI Number 59-0996113	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VC <input type="checkbox"/> Delete	NAME BERT, DANIEL			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <i>P.O. Box 812</i>
STREET ADDRESS 1821 READY ROAD	CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168			STREET ADDRESS <i>New Smyrna Beach FL 32170</i>	CITY-ST-ZIP <i>REAR COMMODORE</i>
TITLE VC <input type="checkbox"/> Delete	NAME COATS, MIKE			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <i>Director</i>
STREET ADDRESS 1580 SHADOW PINES DRIVE	CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168			STREET ADDRESS <i>Gene Sheldon</i>	CITY-ST-ZIP <i>810 Marilyn Ave, New Smyrna Beach FL 32189</i>
TITLE VC <input checked="" type="checkbox"/> Delete	NAME WELSH, GREG			TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <i>COMMODORE</i>
STREET ADDRESS PO BOX 930	CITY-ST-ZIP NEW SMYRNA BEACH, FL 32170			STREET ADDRESS <i>350 NORTH CAUSEWAY</i>	CITY-ST-ZIP <i>NEW SMYRNA BEACH FL 32169</i>
TITLE VC <input type="checkbox"/> Delete	NAME HAWKINS, ELBERT			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <i>Director</i>
STREET ADDRESS 512 YUPON AVE	CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169			STREET ADDRESS <i>ARON KELLY</i>	CITY-ST-ZIP <i>1025 S. GIBCOE RD, New Smyrna Beach FL 32168</i>
TITLE VC <input type="checkbox"/> Delete	NAME PEARSALL, JIMMY			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <i>Director</i>
STREET ADDRESS PO BOX 2245	CITY-ST-ZIP NEW SMYRNA BEACH, FL 32170			STREET ADDRESS <i>350 NORTH CAUSEWAY</i>	CITY-ST-ZIP <i>NEW SMYRNA BEACH FL 32169</i>
TITLE VC <input checked="" type="checkbox"/> Delete	NAME NOLAN, JIM			TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <i>Director</i>
STREET ADDRESS PO BOX 937	CITY-ST-ZIP NEW SMYRNA BEACH, FL 32170			STREET ADDRESS <i>1025 S. GIBCOE RD, New Smyrna Beach FL 32168</i>	CITY-ST-ZIP <i>FL 32168</i>
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 officers empowered.					
SIGNATURE: <i>James Pearsall</i>			Date: <i>1/21/08</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: <i>406-684 7461</i>		

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