2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-24-2008 90046 032 ****61.25

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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.

01212008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-0996113

☐ Applied For
☐ Not Applicable

Zip | Country

Zip | Country

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, 2008

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	BERT, DANIEL	
STREET ADDRESS	~~1821 READY ROAD~~	
CITY-ST-ZIP	~~NEW SMYRNA BEACH, FL 32168~~	
TITLE	~~S~~	☐ Delete
NAME	COATS, MIKE	
STREET ADDRESS	1580 SHADOW PINES DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	~~RG~~	☒ 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	~~VC~~	☒ 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		
STREET ADDRESS	P.O. Box 812	
CITY-ST-ZIP	New Smyrna Beach FL 32170	
TITLE	Rear Commodore	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	☐ Change ☒ Addition
NAME	Gene Sheldon	
STREET ADDRESS	810 Marcalya Ave, New Smyrna Beach	
CITY-ST-ZIP	FL 32169	
TITLE	Commodore	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	350 North Causeway	
CITY-ST-ZIP	New Smyrna Beach FL 32169	
TITLE	Director	☐ Change ☒ Addition
NAME	Arden Kelly	
STREET ADDRESS	1025 S. Glencoe Rd, New Smyrna Beach	
CITY-ST-ZIP	FL 32168	

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: Pearsall 1/21/08 386-689-7461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #