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

01212008 Chg-NP CR2E037 (12/06)

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 ☐ **$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC BERT, DANIEL ~~1821 READY ROAD~~ ~~NEW SMYRNA BEACH, FL 32168~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition P.O. Box 812 New Smyrna Beach FL 32170
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ COATS, MIKE 1580 SHADOW PINES DRIVE NEW SMYRNA BEACH, FL 32168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rear Commodore ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~RC~~ ~~WELSH, GREG~~ ~~PO BOX 930~~ ~~NEW SMYRNA BEACH, FL 32170~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Gene Sheldon 810 Magalya Ave, New Smyrna Beach FL 32169 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ HAWKINS, ELBERT 512 YUPON AVE NEW SMYRNA BEACH, FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Commodore ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PEARSALL, JIMMY ~~PO BOX 2245~~ ~~NEW SMYRNA BEACH, FL 32170~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 350 North Causeway New Smyrna Beach FL 32169
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VC~~ ~~NOLAND, JIM~~ ~~PO BOX 337~~ ~~NEW SMYRNA BEACH, FL 32170~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Arden Kelley 1025 S. Glencoe Rd, New Smyrna Beach FL 32168 ☐ Change ☒ 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: Pearsall 1/21/08 386-689 7461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #