

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003317

FILED
May 01, 2006
Secretary of State

Entity Name: MARION COUNTY AQUAHOLICS PADDLER'S GROUP, INC.

Current Principal Place of Business:

C/O TOM HAMMOND
2660 SE 41ST STREET
OCALA, FL 34480

New Principal Place of Business:

C/O LAURA M. WRIGHT
16758 SE 80TH BELLAVISTA CIRCLE
THE VILLAGES, FL 32162

Current Mailing Address:

C/O TOM HAMMOND
2660 SE 41ST STREET
OCALA, FL 34480

New Mailing Address:

P.O. BOX 6583
OCALA, FL 34478

FEI Number: 58-2676398 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAMMOND, TOM
2660 SE 41ST STREET
OCALA, FL 34480 US

Name and Address of New Registered Agent:

WRIGHT, LAURA M
16758 SE 80TH BELLAVISTA CIRCLE
THE VILLAGES, FL 34478 US

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.

SIGNATURE: LAURA M. WRIGHT

05/01/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WRIGHT, LAURA M
Address: 8724 SW 109TH STREET
City-St-Zip: Ocala, FL 34481

Title: TD () Delete
Name: WRIGHT, LAURA M
Address: 8724 SW 109TH ST
City-St-Zip: Ocala, FL 34481

Title: SD () Delete
Name: LAMBERT, WENDY
Address: 21351 NE 164TH LANE
City-St-Zip: FORT MC COY, FL 32134

Title: VD () Delete
Name: CHALFANT, LARRY
Address: 291 SE 80TH ST
City-St-Zip: Ocala, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WRIGHT, LAURA M
Address: 16758 SE 80TH BELLAVISTA CIRCLE
City-St-Zip: THE VILLAGES, FL 32162

Title: VD (X) Change () Addition
Name: HAMMONS, STEVE
Address: 750 CATHERINE DRIVE
City-St-Zip: BUNNELL, FL 32110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: COIA, PAUL N
Address: 16758 SE 80TH BELLAVISTA CIRCLE
City-St-Zip: THE VILLAGES, FL 32162

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA M. WRIGHT

PD

05/01/2006

Electronic Signature of Signing Officer or Director

Date