2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N03000003317 02-12-2007 90107 033 ****61.25 MARION COUNTY AQUAHOLICS PADDLER'S GROUP, Principal Place of Business Mailing Address C/O John A. Greene P.O. BOX 6583 OCALA, FL 34478 8384 SW 106th St Ocala, FL 34481 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112007 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 58-2676398 Applied For City & State Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Regulred 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WRIGHT, LAURA M Greene, John A. 16758 SE 60TH BELLAVISTA CIRCLE 8384 SW 106th St. THE VILLAGES, FL-34478 Ocala, FL 34481 8. The above named onthis 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. SIGNATUR red agent and title if applicable (NOTE: Registered Agent signature required when reinstating Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Florida Department of State Trust Fund Contribution Due by May 1, 2007 Added to Feer ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS PD Addition TITLE Delete TITLE PD Greene, John A. WRIGHT, LAURA M MAME MALIE 8384 SW 106th St. STREET ADDRESS 16758 SE 80TH BELLAVISTA CIRCLE STREET ADDRESS Ocala, FL 34481 CITY-ST-ZIP THE VILLAGES, FL 32162 CITY-ST-7IP ☐ Change Addition Delete TITLE TIFLE SD Clark, David HAMMONS, STEVE NAME 3330 NE 17th Ave. STREET ADDRESS 750 CATHERINE DRIVE STREET ADDRESS Ocala, FL 34479 CITY-ST-ZIP BUNNELL, FL 32110 CITY-ST ZIP Addition TITLE ⊠ Delete TITLE ☐ Change TD Hansen, Jacki LAMBERT, WENDY NAME NAME 2295 E. Marcia St. STREET ADDRESS 21351 NE 164TH LANE STREET ADDRESS Inverness, FL 34451 CITY ST-ZIP FORT MC COY, FL 32134 CITY-ST ZIP TD Delete ☐ Change TITLE TITLE ☐ Addition COIA, PAUL N NAME 16758 SE 80TH BELLAVISTA CIRCLE STREET ADDRESS STREET ADDRESS THE VILLAGES, FL 32162 CITY - ST - ZIF CITY - ST - ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition IIILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City - ST - ZIP 12. Thereby 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 baster 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. INTED NAME OF **SIGNATURE**

FILED

Feb 12, 2007 8:00 am

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DOCUMENT # (N03000003317) 1. Entity Name MARION COUNTY AQUAHOLICS PADDLER'S GROUP, INC.							ATTACHMENT				
Principal Place of Business Mailing Address C/O John A. Greene P.0. 80X 6583 8384 SW 106 th St 0CALA, FL 34478 Ocala, FL 34481					/8		40015292				
2. Principal P	Address				<u> </u>						
Suite, Apt. #, etc. Su				uite, Apt. #, etc.			01112007 Chg-NF	P CR2E03	7 (12/06)		
City & State			City & Sta	City & State			4. FEI Number 58-2676398		<u> </u>	plied For Applicable	
Zip	Country		Zip	Zip Countr			5. Certificate of Status L		\$8.75 Additional		
·	6. Name	and Address of Current	Registered Agen	ıt			7. Name and Address of	of New Registered A	gent		
WRIGHT, LAURAM 16758 SE SOTH BELLAVISTA CIRCLE THE VILLAGES, PL 34478						Greene, John A. 8384 SW 106 th St. Ocala, FL 34481 Gily FL Zip Lode					
8. The above named entity, subspace 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 Signatule, typed or printed named implement and the diapplicable. (NOTE: fregretored Agont signature required whom remissioning)											
Filing Fee is \$6 1.25 Due by May 1, 2007 9. Election Campaign Fi Trust Fund Contribution							\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.		OFFICERS AND DI	RECTORS	11	,		ADDITIONS/CHANGES TO				
TITLE NAME STREET ADDRESS	16758 SE	LAURA M BOTH BELLAVISTA C	, ,	NA SI	LE Me Reet Address		Greene, John A. 8384 SW 106 th S	St.	Change	⊘ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAMMON 750 CATI	AGES, FL 32162 NS, STEVE HERINE DRIVE L, FL 32110	Ø	Delete Title	IY-ST-ZIP ILE IME REET ADORESS IY ST ZIP		Ocala, FL 3448 Clark, David 3330 NE 17 th A Ocala, FL 3447	ve.	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAMBER 21351 NE	T, WENDY E 164TH LANE C COY, FL 32134	Œ	Delete TII		TD	Hansen, Jacki 2295 E. Marcia Inverness, FL	a St.	Change	22-Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COIA, PA 16758 SE			L'Delete TIII NA ST		<u>-</u>	mverness, 1 D	`	Change	Addition	
FITLE NAME STREET ADDRESS CITY-ST-ZIP			С	NA ST	rle Ime Reet address IY-St-Zip				☐ Change	Addition	
FITLE NAME STREET ADDRESS CITY-ST-ZIP				ST.	ile Ume Reet aduress Iy SI-Zip				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 as truestee anyowered 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 withy an address, with all other like empowered.											
SIGNAT	TURE:	ENMATURE AND TYPED OR	MRINTED HAME OF SI	ONING OFFICER OR DIRI	ECTOR		2/1/0°7	357	BOS Beyferne Phone #	8064	