## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000010534

FILED Jun 22, 2009 Secretary of State

Current Principal Place of Business:  500 FLEMING STREET KEY WEST, FL 33040  Current Mailing Address:  500 FLEMING STREET KEY WEST, FL 33040  FEI Number: 20-1674226 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desir 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:  HUGHES, ERICA N 500 FLEMING STREET KEY WEST, FL 33040 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent in the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent   Date	Entity Na	me: CONCH REPUBLIC OFFSHORE	POWER BOAT RACING ASSOCIATION, INC.	
Current Mailing Address:  New Mailing Address in the Address in the Address in the Address in the Address in t	Current P	rincipal Place of Business:	New Principal Place of Business:	
500 FLEMING STREET KEY WEST, FL 33040  FEI Number: 20-1674226				
KEY WEST, FL 33040  FEI Number: 20-1674226	Current Mailing Address:		New Mailing Address:	
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:  HUGHES, ERICA N 500 FLEMING STREET KEY WEST, FL 33040 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent in the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent   Date    OFFICERS AND DIRECTORS:   ADDITIONS/CHANGES TO OFFICERS AND DI Title: P D ( ) Delete   Title: ( ) Change ( ) Addition Name: BLIEL, LARRY   Name: Address:   S00 FLEMING ST   Address:   City-St-Zip: KEY WEST, FL 33040   City-St-Zip:    Title: S D ( ) Delete   Title: ( ) Change ( ) Addition Name: GIBSON, BARRY   Name: Address:   Address: 302 FRONT STREET   Address:   City-St-Zip: KEY WEST, FL 33040   City-St-Zip:    Title: TD ( ) Delete   Title: ( ) Change ( ) Addition Name: TURSO, BETSY   Name:   Address: 500 FLEMING ST   Address:   Address: 500 FLEMING ST   Address:   Address: 500 FLEMING ST   Name:   Address: 500 FLEMING ST   Name:   Address: 500 FLEMING ST   Address:   Address: 500 FLEMING ST   Address:   Address: 500 FLEMING ST   Name:   Addres				
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500 FLEMING STREET KEY WEST, FL 33040 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent in the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent   Date    OFFICERS AND DIRECTORS:   ADDITIONS/CHANGES TO OFFICERS AND DI  Title:	Name and	I Address of Current Registered Age	nt: Name and Address of New Registered Agent	t:
in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DI  Title: P D ( ) Delete Title: ( ) Change ( ) Addition Name: BLIEL, LARRY Name: Address: 500 FLEMING ST Address: City-St-Zip: KEY WEST, FL 33040  Title: S D ( ) Delete Title: ( ) Change ( ) Addition Name: GIBSON, BARRY Name: Address: City-St-Zip: KEY WEST, FL 33040  Title: S D ( ) Delete Title: ( ) Change ( ) Addition Name: GIBSON, BARRY Name: Address: City-St-Zip: KEY WEST, FL 33040  Title: TD ( ) Delete Title: ( ) Change ( ) Addition Name: TURSO, BETSY Name: Address: 500 FLEMING ST  Address: 500 FLEMING ST  Address: 500 FLEMING ST	500 FLEM	ING STREET		
Electronic Signature of Registered Agent  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DI  Title: P D () Delete Name: BLIEL, LARRY Address: 500 FLEMING ST City-St-Zip: KEY WEST, FL 33040  Title: S D () Delete Name: GIBSON, BARRY Address: 302 FRONT STREET City-St-Zip: KEY WEST, FL 33040  Title: TD () Delete Name: TURSO, BETSY Address: 500 FLEMING ST  Name: Address: Address: 500 FLEMING ST			r the purpose of changing its registered office or registered ager	nt, or both,
OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  Title: P D () Delete	SIGNATUI		ad Awart	
Title:         P D () Delete         Title:         () Change () Addition           Name:         BLIEL, LARRY         Name:           Address:         500 FLEMING ST         Address:           City-St-Zip:         KEY WEST, FL 33040         City-St-Zip:           Title:         S D () Delete         Title: () Change () Addition           Name:         Address:         302 FRONT STREET         Address:           City-St-Zip:         KEY WEST, FL 33040         City-St-Zip:           Title:         TD () Delete         Title: () Change () Addition           Name:         TURSO, BETSY         Name:           Address:         500 FLEMING ST         Address:				
Name:         BLIEL, LARRY         Name:           Address:         500 FLEMING ST         Address:           City-St-Zip:         KEY WEST, FL 33040         City-St-Zip:           Title:         S D () Delete         Title: () Change () Addition           Name:         GIBSON, BARRY         Name:           Address:         302 FRONT STREET         Address:           City-St-Zip:         KEY WEST, FL 33040         City-St-Zip:           Title:         TD () Delete         Title: () Change () Addition           Name:         TURSO, BETSY         Name:           Address:         500 FLEMING ST         Address:	OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS
Name:         GIBSON, BARRY         Name:           Address:         302 FRONT STREET         Address:           City-St-Zip:         KEY WEST, FL 33040         City-St-Zip:           Title:         TD () Delete         Title: () Change () Addition           Name:         TURSO, BETSY         Name:           Address:         500 FLEMING ST         Address:	Name: Address:	BLIEL, LARRY 500 FLEMING ST	Name: Address:	
Name: TURSO, BETSY Name: Address: 500 FLEMING ST Address:	Name: Address:	GIBSON, BARRY 302 FRONT STREET	Name: Address:	
	Name: Address:	TURSO, BETSY 500 FLEMING ST	Name: Address:	

I hereby certify that the information supplied with this filing does not qualify 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: LARRY BLEIL **PRES** 06/22/2009