

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2004 8:00 am**  
**Secretary of State**

07-22-2004 90001 001 \*\*\*\*70.00

<b>DOCUMENT # N03000010983</b> 1. Entity Name <b>FLORIDA SEA KAYAKING ASSOCIATION, INC.</b>					
Principal Place of Business <b>6863 SAN SEBASTIAN AVENUE JACKSONVILLE, FL 32217 US</b>			Mailing Address <b>6863 SAN SEBASTIAN AVENUE JACKSONVILLE, FL 32217 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>61-1464546</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>SMITH, HOWARD J 8810-C GOODBY'S EXECUTIVE DRIVE JACKSONVILLE, FL 32217</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GORDON, LARRY</b> <b>6863 SAN SEBASTIAN AVENUE</b> <b>JACKSONVILLE, FL 32217</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DANA DECKER</b> <b>446 TABOR DR.E</b> <b>JACKSONVILLE, FL 32216</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S, V</b> <b>MEIRER, BRUCE</b> <b>3068 MERLIN DRIVE NORTH</b> <b>JACKSONVILLE, FL 32257</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KATHY BORTZ</b> <b>2708 SHAWNEE WAY</b> <b>JACKSONVILLE, FL 32259</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ANSELL, MIKE</b> <b>9749 GEIGER ROAD</b> <b>JACKSONVILLE, FL 32246</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRANKLIN DICKINSON</b> <b>60A NORTH ROSCOE BLVD</b> <b>PONTE VEDRA, FL 32082</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GREG BAILEY</b> <b>822 CLODBERRY BRANCH WAY</b> <b>JACKSONVILLE, FL 32259</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>[Signature]</i> <b>LARRY GORDON, PRESIDENT</b> <b>7/21/04</b> <b>739-3538</b>					

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