

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90113 044 ****61.25

DOCUMENT # N04000011045

1. Entity Name
**SAILORS PADDLERS AND ROWERS OF ST.
AUGUSTINE, INC.**



Principal Place of Business
**220 W KING ST
ST AUGUSTINE, FL 32084**

Mailing Address
**220 W KING ST
ST AUGUSTINE, FL 32084**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242006 Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEST, GREGORY K
13000 SAWGRASS VILLAGE CIRCLE SUITE 35
PONTE VEDRA BEACH, FL 32082**

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, 2006**

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
**D
SMITH, CHARLES
409 ZOVOYDA AVE
ST AUGUSTINE, FL 32080** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Linda Mullins
1558 Makarivious
St. Augustine FL 32080** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SARGENT, EDWARD
220 W KING STREET
ST AUGUSTINE, FL 32084** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Edward Sargent McCarty
220 W King St.
St. Augustine FL 32084** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BOSSINGER, ALAN
3 PARK TERR DR
ST AUGUSTINE, FL 32080** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Kathleen Steward
128 Hawthorn Rd.
St Augustine FL 32086** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BALCH, BOB
1 PONTE DE LEON AVE
ST AUGUSTINE, FL 32084** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HUTTON, SKIP
82 MAGNOLIA AVE
ST AUGUSTINE, FL 32084** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**JAY Bliss
12 Oglethorpe Blvd.
St Augustine FL 32080** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Edward Sargent McCarty

3/24/06