

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011045

FILED  
Jul 09, 2008  
Secretary of State

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

**Current Principal Place of Business:**

220 W KING ST  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

220 W KING ST  
ST AUGUSTINE, FL 32084

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

WEST, GREGORY K  
BRYANT MILLER OLIVE  
111 RIVERSIDE AVE #200  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

FOURNIER, SUSAN E  
444 MANGO CIRCLE  
ST AUGUTINE, FL 32095 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: SUSAN FOURNIER

07/09/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HUTTON, NANCY  
Address: 82 MAGNOLIA AVE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DT ( ) Delete  
Name: MCCARTHY, EDWARD S  
Address: 220 W KING STREET  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: DS ( ) Delete  
Name: MORTON, TOM  
Address: 961 LEW BLVD  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: FORNIER, SUSAN  
Address: 44 MANGO CIRCLE  
City-St-Zip: ST AUGUSTINE, FL 32095

Title: D ( ) Delete  
Name: THOMPSON, WENDY  
Address: 317 VILLAGE DR  
City-St-Zip: ST AUGUSTINE, FL 32084

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: SUSAN FOURNIER

MS.

07/09/2008

Electronic Signature of Signing Officer or Director

Date