2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04785

1. Entity Name
SEMINOLE CANOE AND KAYAK CLUB, INC.



FILED Feb 20, 2007 8:00 am Secretary of State 02-20-2007 90043 024 ****61.25

			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						
4619 ORTEGA FARMS CIRCLE C 6128 PERNECIA STREET 6		Mailing Address C/O PAUL C. STALEY 6128 PERNECIA STREET IACKSONVILLE, FL 322	C/O PAUL C. STALEY		4002	1100	en eren mer	L mán ar En are:	an ese
Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
Since, Apr. 4, etc.		Suite, Apr. #, etc.		,	02132007 Ch	ng-NP	CR2E03	7 (12/06)	
City & State		City & State			4. FEI Number 59-221809	1			plied For t Applicable
Zip Country		Zip	Zip Country		5. Certificate of Str	atus Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current R		7. Name and Address of New Registered Agent						
STALEY, PAUL C.				Name					
6128 PERNECIA STREET			Stre	Street Address (P.O. Box Number is Not Acceptable)					
JACKSON	VILLE, FL 32244		 -						
			City	,			FL	Zip Code	B
8. The above	named entity submits this statement for t	he purpose of changing its r	egistered offi	ce or register	ed agent, or both, in	the State of Florid	da. Iam f	amiliar with,	and accept
the obligati	ions of registered agent.								
SIGNATURE .	•								
SIGNATURE .	Signature, typed or printed name of registered agent an	dittle diapplicable. (NOTE:	Registered Agent	signature required	1 when reinstating)		DATE		
· · · · · · · · · · · · · · · · · · ·	Filing Fee is \$61.25	9. Election Cam	naign Financi	ina	\$5.00	Mal	ke check	payabie te	
	Due by May 1, 2007	Trust Fund Co		, 🗆	\$5.00 May Be Added to Fees			ment of St	
10.	OFFICERS AND DIRE	CTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS	AND DIF	RECTORS IN	10
TITLE	PD	Delete	TITLE					Change	Addition
NAME STREET ADDRESS	ALLEN, TIMOTHY F 3107 LOREE ST	-	NAME STREET ADDE	ACCC					
CITY-ST-ZIP	JACKSONVILLE, FL 32254		CITY-ST-ZIP						
TITLE	VPD	□ Delete	TITLE	PD				Change	Addition
NAME	SIVER, CURTIS K		NAME	SIVE	R CURTIS K	, , , 18.		•	_
STREET ADDRESS	829 E DOTY DR LN		STREET ADDR	ESS 5 2	GE DOTYLA	Nレ ベレクララての	y		
CTTY-ST-ZIP	JACKSONVILLE, FL 32259		CITY-ST-ZIP	1/26	KSONUILLE;	FL 37401			_
TITLE NAME	TD BLOIS, JOHN B.	Delete	, TITLE NAME	VPL	PANTIALS 18 LECHLAD	SAT		☐ Change	Addition
STREET ADDRESS	2118 PARK STREET		STREET ADDR	ess 134	18 LECHLAD	E LANE			
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	Jac	KSONVILLE, F	L 392 a	5		
TITLE	D	☐ Delete	TITLE	70				☐ Change	Addition
NAME	MAXWELL, DOUGLAS W		NAME	Jo	HN ROBERT	S 100 10 10 10	. N.		
STREET ADDRESS	342 OCEANWALK DR. S.		STREET ADDR		47 MGADOW				
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP		CKSONVILLE,		<u> </u>		- I addition
TITLE NAME	SD MARWITZ, RUTH	☐ Delete	TITLE NAME	L	Noble Enge			☐ Change	Addition
STREET ADDRESS	1766 OAK GROVE DR		STREET ADD	RESS	33348 State		_		
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 320	43	CITY-ST-ZIF		Switzerland	I, FL 3221	0		
TITLE	VPD	Delete	TITLE	D	John L. Mar	ın		Change	Addition
NAME	SUMMERS, ELIZABETH	-	NAME		1907 Hickor				
STREET ADORESS CITY-ST-ZIP	1792 NORTH GLEN CIR MIDDLEBURG, FL 32068		STREET ADDI CITY-ST-ZIF	1	Atlantic Bea	J .	73 3		
	certify that the information supplied with t	his filing does not qualify for						fy that the in	formation

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.

John F. Roberts

(904) 229-6834

Devtrne Phone #

ATTACHMENT
HOOQIJOO
HNOY785

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Officers and Directors, Continued:

D Howard F. Bryan 420 Segsbee Road Orange Park, FL 32073

D Raymond Melvin 8731 Winchester Drive Jacksonville, FL 32217

D Richard Shieldhouse 1468 Edgewood Circle Jacksonville, FL 32205

D Pamela P. Yonge 5930 Ortega River Circle Jacksonville, FL 32244