

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90111 023 ***61.25

DOCUMENT # N06000000910 1. Entity Name CHAUTAQUA CRUISERS, INC					
Principal Place of Business 398 MILLCREEK DR DEFUNIAK SPRINGS, FL 32433			Mailing Address 398 MILLCREEK DR DEFUNIAK SPRINGS, FL 32433		
2. Principal Place of Business - No P.O. Box # 4594 State Hwy 83 N.		3. Mailing Address 4594 State Hwy 83 N.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01112008 Chg-NP CR2E037 (42/06)	
City & State DeFuniak Springs, FL		City & State DeFuniak Springs, FL		4. FEI Number 26-0745916	
Zip 32433		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32433		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SABE, JERRY 398 MILLCREEK DR DEFUNIAK SPRINGS, FL 32433				7. Name and Address of New Registered Agent Name Imogene R. Baker Street Address (P.O. Box Number is Not Acceptable) 4594 State Highway 83 N. City DeFuniak Springs, FL Zip Code 32433	
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 <u><i>Imogene R. Baker</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>1-11-2008</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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	P BOVEE, RICKIE 5880 COUNTY HWY 1883 PONCE DE LEON, FL 32455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOSS, PATSY 662 MCKINNON BRIDGE RD PONCE DE LEON, FL 32455 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jim Bovee 5880 County Hwy 1883 Ponce De Leon, FL 32455 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SABE, JERRY 398 MILLCREEK DR DEFUNIAK SPRINGS, FL 32433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Joseph Baker 4594 State Hwy 83 N DeFuniak Springs, FL 32433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Imogene Baker 4594 State Hwy 83 N. DeFuniak Springs, FL 32433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: <u><i>Imogene R. Baker</i></u> Imogene R. Baker <u>1-11-08</u> <u>850/892-2042</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					