2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N06000000910

Entity Name: CHAUTAQUA CRUISERS, INC

Current Principal Place of Business:

4594 STATE HWY 83 N
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

Current Mailing Address:

4594 STATE HWY 83 N
DEFUNIAK SPRINGS, FL 32433

New Mailing Address:

FEI Number: 26-0745916 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAKER, IMOGENE R
4594 STATE HWY 83 N
DEFUNIAK SPRINGS, FL 32433 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: BOVEE, RICKIE
Address: 5880 COUNTY HWY 1883
City-St-Zip: PONCE DE LEON, FL 32455

Title: P ( ) Delete
Name: BOVEE, JIM
Address: 5880 CTY HWY 1883
City-St-Zip: PONCE DE LEON, FL 32455

Title: V ( ) Delete
Name: BAKER, JOSEPH
Address: 4594 STATE HWY 83 N
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: T ( ) Delete
Name: BAKER, IMOGENE
Address: 4594 STATE HWY 83 N
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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:

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: IMOGENE BAKER T 01/05/2009

Electronic Signature of Signing Officer or Director — Date