
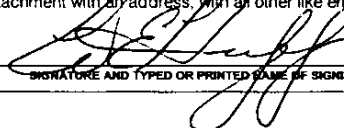


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90062 043 ****61.25

DOCUMENT # N06000003530					
1. Entity Name FLORIDA SPORT PADDLING CLUB, INC.					
Principal Place of Business 8119 MESSINA DRIVE JACKSONVILLE, FL 32221			Mailing Address 8119 MESSINA DRIVE JACKSONVILLE, FL 32221		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 42-1699192	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BROOKS, C EVERETT JR. 8119 MESSINA DRIVE JACKSONVILLE, FL 32221			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</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	PD	<input type="checkbox"/> Delete	TITLE	SP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMMONS, JOHN		NAME	EVERETT BROOKS, JR	
STREET ADDRESS	PO BOX 5317		STREET ADDRESS	8119 MESSINA DR	
CITY-ST-ZIP	SALT SPRINGS, FL 32134		CITY-ST-ZIP	JACKSONVILLE, FL 32221	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, DON		NAME	TIMOTHY ALLEN	
STREET ADDRESS	2875 66TH TERRACE SOUTH		STREET ADDRESS	10204 WELLSHOUSE CT	
CITY-ST-ZIP	ST PETERSBURG, FL 33702		CITY-ST-ZIP	JACKSONVILLE FL 32280	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARWITZ, RUTH		NAME	JOYCE JOHNS	
STREET ADDRESS	1766 OAK GROVE DRIVE		STREET ADDRESS	10006 GATE PARKWAY 1413	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUFF, WILLIAM E		NAME	DON HALEY	
STREET ADDRESS	5595 WEST YEARLING DRIVE		STREET ADDRESS	1939 SE 35TH ST	
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POUTNEY, BERNITA		NAME		
STREET ADDRESS	31135 WRENCREST DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ERICA		NAME		
STREET ADDRESS	402 MACGREGOR ROAD		STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP		
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: 		Date		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-8-2008		352-527-6424	