2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004517

Entity Name: APALACHEE CANOE AND KAYAK CLUB, INC

FILED Mar 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3016 BROOKMONT DR 3016 BROOKMONT DR TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312

Current Mailing Address: New Mailing Address:

3016 BROOKMONT DR P.O. BOX 4027

TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32315 US

FEI Number: 26-4454410 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CLEARY, KAY 3016 BROOKMONT DR TALLAHASSEE, FL 32312 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:

Title:

Title:

MT

Electronic Signature of Registered Agent

Date

US

OFFICERS AND DIRECTORS:

() Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

 Title:
 PS
 () Delete
 Title:
 PRES
 (X) Change () Addition

 Name:
 BRIGGS, CATHY
 Name:
 BUTLER, TOM

 Address:
 3016 BROOKMONT DR
 Address:
 3214 SHAMROCK ST E

City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32309

Name: CRISCOLA, KATHY Name: BRIGGS, CATHY
Address: 3016 BROOKMONT DR Address: 1233 TALBOT AVE

Address: 3016 BROOKMONT DR Address: 1233 TALBOT AVE

City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete Title: SEC (X) Change () Addition Name: BUTLER, TOM Name: CLEARY, KAY

Address: 3016 BROOKMONT DR Address: 3016 BROOKMONT DR City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete Title: PROG (X) Change () Addition

Name:SCHWARZ, CAROLName:CRISCOLA, KATHYAddress:3016 BROOKMONT DRAddress:1202-1 CROSS CREEK WAYCity-St-Zip:TALLAHASSEE, FL 32312City-St-Zip:TALLAHASSEE, FL 32301

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: KATHY CRISCOLA PROG 03/14/2009