

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006462

FILED  
May 01, 2011  
Secretary of State

**Entity Name:** AMELIA ISLAND LIFESAVING ASSOCIATION INC

**Current Principal Place of Business:**

418 SOUTH 13TH STREET  
FERNANDINA BEACH, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

418 SOUTH 13TH STREET  
FERNANDINA BEACH, FL 32034

**New Mailing Address:**

FEI Number: 27-0453629

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RAY, ANGELA S  
418 SOUTH 13TH STREET  
FERNANDINA BEACH, FL 32034 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: P  
Name: RAY, ANGELA S  
Address: 418 SOUTH 13TH STREET  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VP  
Name: HARGROVE, TRAVIS  
Address: 96118 CAYMAN CR.  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: SEC  
Name: CROFT, LANCE  
Address: 2068 ORCA CT.  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: TR  
Name: TROTTER, COLEEN  
Address: 1010 #B NATURES WALK DR.  
City-St-Zip: FERNANDINA BEACH, FL 32034

I hereby 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 all other like empowered.

SIGNATURE: ANGELA RAY

PRES

05/01/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date