

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26910

FILED
Jan 09, 2007
Secretary of State

Entity Name: AZALEA CITY CRUISERS INC.

Current Principal Place of Business:

103 EAGLE NEST CT
E PALATKA, FL 32131 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1045
E PALATKA, FL 32131 US

New Mailing Address:

FEI Number: 59-2913880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARLES WELLBORN
103 EAGLE NEST CT
E PALATKA, FL 32131 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 () Delete
Name: RARDON, DONALD
Address: PO BOX 8
City-St-Zip: SATSUMA, FL 32189

Title: VP () Delete
Name: FABRAN, LOU JR
Address: 122 GINGER LANE
City-St-Zip: INTERLACHEN, FL 32148

Title: D () Delete
Name: BUCKLIN, DENNIS
Address: 2016 SHERMANN AVE.
City-St-Zip: PALATKA, FL 32177

Title: T () Delete
Name: WELLBORN, CHARLES C.
Address: 103 EAGLE NEST COURT
City-St-Zip: EAST PALATKA, FL 32131

Title: S () Delete
Name: TANNER, PAT
Address: PO BOX 506
City-St-Zip: WELAKA, FL 32193

Title: D () Delete
Name: LIKAR, RAYMOND
Address: ESPERANZA ROAD
City-St-Zip: E. PALATKA, FL 32131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FABIAN, LOU JR
Address: 122 GINGER LANE
City-St-Zip: INTERLACHEN, FL 32148

Title: VP (X) Change () Addition
Name: LIVELY, DEE
Address: 118 MAVERICK TRAIL
City-St-Zip: INTERLACHEN, FL 32148

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 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: CHARLES C. WELLBORN

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01/09/2007

Electronic Signature of Signing Officer or Director

Date