2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008
Secretary of State

DOCUMENT# N26910

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:	FABIAN, LOU JR	
Address:	122 GINGER LANE	
City-St-Zip:	INTERLACHEN, FL 32148	
Title:	VP	( ) Delete
Name:	LIVELY, DEE	
Address:	118 MAVERICK TRAIL	
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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	WALKER, MIKE	
Address:	208 OAK DR	
City-St-Zip:	INTERLACHEN, FL 32148	
Title:	D	(X) Change ( ) Addition
Name:	MCNETT, JENNIE	
Address:	1008 SOUTH STATE ROAD 19	
City-St-Zip:	PALATKA, FL 32177	
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: CHARLES C WELLBORN TREA 01/23/2008

Electronic Signature of Signing Officer or Director — Date