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Mar 09 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N29972** (9)

1. Corporation Name

ST. JOHNS RIVER VALLEY AIRBOAT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**1519 CLEARLAKE ROAD
PO BOX 3277
COCOA FL 32924-0277**

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PO BOX 3277
COCOA FL 32924-0277**

3. Date Incorporated or Qualified

12/30/1988

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CREEL, LLOYD
2323 ADAMSON ROAD
COCOA FL 32926**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when relating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **SCHMALENBURGER, DAVID**
STREET ADDRESS **320 S. RANGE RD**
CITY-ST-ZIP **COCOA FL**

1.1 TITLE **Sonny Vanderpool** ☒ Change ☐ Addition
1.2 NAME **3618 London Blvd**
1.3 STREET ADDRESS **Cocoa Fla 32924**
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **ANDERSON, GARY**
STREET ADDRESS **100 MUSTANG WAY**
CITY-ST-ZIP **MERRITT ISLAND FL**

2.1 TITLE **David G. Lisby** ☒ Change ☐ Addition
2.2 NAME **13673 Bahia Loop**
2.3 STREET ADDRESS **ST Cloud Fla 34773**
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **HUPFER, CAROL**
STREET ADDRESS **4110 STOCK AVENUE**
CITY-ST-ZIP **ROCKLEDGE FL**

3.1 TITLE **Linda Schmalenburger** ☐ Change ☐ Addition
3.2 NAME **320 S. Range Rd**
3.3 STREET ADDRESS **Cocoa Fla 32926**
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **CAIN, SANDY**
STREET ADDRESS **1050 N FISKE**
CITY-ST-ZIP **COCOA FL**

4.1 TITLE **Sandy J. Joffe** ☒ Change ☐ Addition
4.2 NAME **1050 N Fiske #401**
4.3 STREET ADDRESS **Cocoa Fla 32922**
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

2-28-98 1-1/2-1-31-97SS

CR2E037 (10/97)