
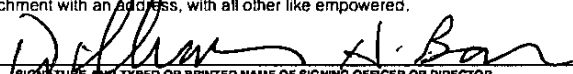


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90190 007 ****61.25

DOCUMENT # N38292 1. Entity Name MULAT BAYOU YACHT CLUB, INC.					
Principal Place of Business C/O WILLIAM H. BASS 4854 SAN MIGUEL AVALON BEACH, FL 32583-5601 US			Mailing Address C/O WILLIAM H. BASS 4854 SAN MIGUEL AVALON BEACH, FL 32583-5601 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3132027	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BASS, WILLIAM H. 4940 SAN MIGUEL AVALON BEACH, FL 32570				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATE, STEPHEN L.		NAME		
STREET ADDRESS	1605 SAN MIGUEL		STREET ADDRESS		
CITY-ST-ZIP	AVALON BEACH, FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ETHERIDGE, CHARLES A.		NAME		
STREET ADDRESS	208 SAN MIGUEL		STREET ADDRESS		
CITY-ST-ZIP	AVALON BEACH, FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STAGE, BOBBY J.		NAME		
STREET ADDRESS	210 SAN MIGUEL		STREET ADDRESS		
CITY-ST-ZIP	AVALON BEACH, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BASS, WILLIAM H.		NAME		
STREET ADDRESS	4854 SAN MIGUEL		STREET ADDRESS		
CITY-ST-ZIP	AVALON BEACH, FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHANG, ARTHUR C.		NAME		
STREET ADDRESS	104 SAN MIGUEL		STREET ADDRESS		
CITY-ST-ZIP	AVALON BEACH, FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VESS SAM		NAME		
STREET ADDRESS	4932 SAN MIGUEL ST		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Date	Daytime Phone #