

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42495

FILED
Mar 03, 2005
Secretary of State

Entity Name: GREAT DOCK CANOE RACE, INC.

Current Principal Place of Business:

801 12TH AVENUE S
SUITE 300
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

801 12 AVENUE S
SUITE 300
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 56-2290582 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEPASQUALE, VIN
801 12TH AVENUE S
SUITE 300
NAPLES, FL 34102 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: D () Delete
Name: MITCHELL, ROBERTA
Address: 801 12TH AVENUE S STE 300
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: PARKA, WILLIAM
Address: 801 12TH AVE S
City-St-Zip: NAPLES, FL 34102

Title: P () Delete
Name: DEPASQUALE, VINCENT
Address: 801 12TH AVE S
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: ROBERTS, DOLLY
Address: 382 BROAD AVE. SOUTH
City-St-Zip: NAPLES, FL 34102

Title: VPD () Delete
Name: IAMURRI, JOHN
Address: 1454 ROSEMARY LANE
City-St-Zip: NAPLES, FL

Title: D () Delete
Name: SCOTT, JAMES
Address: 555 PARKSHORE DR., #207
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PAVKA, WILLIAM
Address: 801 12TH AVE S
City-St-Zip: NAPLES, FL 34102

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 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 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: VIN DEPASQUALE

PRES

03/03/2005

Electronic Signature of Signing Officer or Director

Date