

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N92000000441**

**1. Entity Name**  
**FLEET 12-TAMPA BAY WINDSURFERS, INCORPORATED**



**Principal Place of Business**  
**P O BOX 2195**  
**LARGO, FL 33779**

**Mailing Address**  
**P O BOX 2195**  
**LARGO, FL 33779**



08272006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**59-3028623**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**MILLS, JIM**  
**814-1ST**  
**INDIAN ROCKS BEACH, FL 34615**

**DO NOT WRITE  
IN THIS SPACE**

**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**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**Filing Fee is \$81.25**  
**Due by September 8, 2006**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

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

**10. OFFICERS AND DIRECTORS**

|                       |                                   |
|-----------------------|-----------------------------------|
| <b>TITLE</b>          | <b>D</b>                          |
| <b>NAME</b>           | <b>MCCARREN, EUGENE</b>           |
| <b>STREET ADDRESS</b> | <b>3555 WINDER DR.</b>            |
| <b>CITY-ST-ZIP</b>    | <b>HOLIDAY, FL</b>                |
| <b>TITLE</b>          | <b>D</b>                          |
| <b>NAME</b>           | <b>MILLS, JIM</b>                 |
| <b>STREET ADDRESS</b> | <b>814-1ST STREET</b>             |
| <b>CITY-ST-ZIP</b>    | <b>INDIAN ROCKS BCH, FL 34635</b> |
| <b>TITLE</b>          | <b>T</b>                          |
| <b>NAME</b>           | <b>BIRCHMIRE, RICHARD</b>         |
| <b>STREET ADDRESS</b> | <b>11243 130TH AVE. NORTH</b>     |
| <b>CITY-ST-ZIP</b>    | <b>LARGO, FL 33778</b>            |
| <b>TITLE</b>          |                                   |
| <b>NAME</b>           |                                   |
| <b>STREET ADDRESS</b> |                                   |
| <b>CITY-ST-ZIP</b>    |                                   |
| <b>TITLE</b>          |                                   |
| <b>NAME</b>           |                                   |
| <b>STREET ADDRESS</b> |                                   |
| <b>CITY-ST-ZIP</b>    |                                   |

U00000575642  
08/30/06-80002-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Richard Birchmire* **Richard Birchmire**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/29/07*

Date

*727-544-2698*

Daytime Phone #