NONPROFIT
CORPORATION
ANNUAL REPORT
1997

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

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # N93000002575 (9)

1. Corporation Name

THE BOATERS' ACTION AND INFORMATION LEAGUE, INC.

[redacted]

| Principal Place of Business | Mailing Address |
|---|---|
| 5835 WILDWOOD AVE<br>SARASOTA FL 34231 | 5835 WILDWOOD AVE<br>SARASOTA FL 34231 |

3. Date Incorporated or Qualified: 06/08/1993
3a. Date of Last Report: 04/08/96

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 65-0431119 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STILLEY, WALTER
5835 WILDWOOD AVE
SARASOTA FL 34231

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>STILLEY, WALTER<br>5835 WILDWOOD AVE.<br>SARASOTA, FL 34231 ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | D<br>BRENT, ROBERT<br>632 GOLDEN GATE PT.<br>SARASOTA, FL 34236 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>EGERESSY, ANDREW E<br>760 DREAM ISLAND ROAD<br>LONGBOAT KEY FL 34228 ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | T<br>HARRIS, BARBARA<br>5835 WILDWOOD AVE<br>SARASOTA, FL 34231 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>HENKEL, CAROL E<br>214 FOUR KNOT LANE<br>OSPREY FL 34229 ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | S<br>MONROE, CLAIRE<br>110 E. COLONIA LANE<br>NOKOMIS, FL 34275 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>MACKAY, JOHN A<br>1770 BAYWOOD WAY<br>SARASOTA FL 34231 ☒ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>STILLEY, BARBARA<br>5835 WILDWOOD AVE<br>SARASOTA FL 34231 ☒ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>700002179217<br>-05/15/97--01005--011<br>***61.25 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>WHITE, WILL<br>7362 PALOMINO LANE<br>SARASOTA, FL 34241 ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | D<br>DERR, WAYNE L.<br>2746 ORCHID OAKS DRIVE<br>SARASOTA, FL 34239 ☒ DELETE |

CR2E037 (12/95)

I, I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Barbara Harris — 4/30/97 — 941-922-5835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BARBARA HARRIS, TREAS.