

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000002575

**FILED**  
**Sep 08, 2004**  
**Secretary of State****Entity Name:** THE BOATERS' ACTION AND INFORMATION LEAGUE, INC.**Current Principal Place of Business:**5835 WILDWOOD AVE  
SARASOTA, FL 34231**New Principal Place of Business:**5835 WILDWOOD AVE  
SARASOTA, FL 34231 US**Current Mailing Address:**P.O. BOX 15014  
SARASOTA, FL 34277 US**New Mailing Address:****FEI Number:** 65-0431119**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HARRIS, BARARA  
5835 WILDWOOD AVENUE  
SARASOTA, FL 34231 US**Name and Address of New Registered Agent:**HARRIS, BARBARA  
5835 WILDWOOD AVENUE  
SARASOTA, FL 34231 US

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: BARBARA HARRIS

09/08/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** TS ( ) Delete  
**Name:** HARRIS, BARBARA  
**Address:** 5835 WILDWOOD AVE  
**City-St-Zip:** SARASOTA, FL 34231**Title:** VPD ( ) Delete  
**Name:** SHEARER, JOSEPH  
**Address:** 52411 PALM TREE DRIVE  
**City-St-Zip:** PUNTA GORDA, FL 33950**Title:** VPD (X) Delete  
**Name:** RILEY, JOHN P  
**Address:** 2044 WEST 1ST STREET  
**City-St-Zip:** FORT MYERS, FL 33901**Title:** PD ( ) Delete  
**Name:** RILEY, JOHN P  
**Address:** 2044 WEST 1ST ST.  
**City-St-Zip:** FORT MYERS, FL 33901**Title:** VPD ( ) Delete  
**Name:** WALTER, STILLEY  
**Address:** 5835 WILDWOOD AVE.  
**City-St-Zip:** SARASOTA, FL 34231**Title:** VPD ( ) Delete  
**Name:** WHITE, WILL  
**Address:** 3220 SE HANSEL AVE.  
**City-St-Zip:** ARCADIA, FL 34266**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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:****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: BARBARA HARRIS

TS

09/08/2004

Electronic Signature of Signing Officer or Director

Date