


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 08, 2005 8:00 am**  
**Secretary of State**

09-08-2005 90064 009 \*\*\*\*61.25

<b>DOCUMENT # N94000001476</b> 1. Entity Name <b>CHRISTMAS RIVERBOAT ASSOCIATION INC.</b>					
Principal Place of Business <b>3364 TAYLOR CREEK RD CHRISTMAS FL 32709</b>			Mailing Address <b>P O BOX 88 CHRISTMAS FL 30709</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PREWETT, VICKIE 18425 22ND AVENUE ORLANDO FL 32833</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DOEHLER, ROB</b> <b>18768 E COLONIAL DRIVE</b> <b>ORLANDO FL 32820</b> <i>deceased</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Jimmy Ramsey</b> <b>3364 Taylor Creek Rd</b> <b>Christmas, FL 32709</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>PREWETT, VICKIE</b> <b>18425 22ND AVE</b> <b>ORLANDO FL 32833</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COB</b> <b>RAMSEY, JIMMY</b> <b>3364 TAYLOR CREEK RD</b> <b>CHRISTMAS FL 32709</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PREWETT, ROGER</b> <b>18425 22ND AVE</b> <b>ORLANDO FL 32833</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROOKS, HERMON</b> <b>5015 TAYLOR CREEK RD</b> <b>CHRISTMAS FL 32709</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		

**50065392**



1st MOORE CR2E037 (10/04)

4. FEI Number **59-3234265** Applied For ☐ Not Applicable

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

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:

*Vickie B Prewett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8-11-05* *407-376-4697*  
Date Daytime Phone #