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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

N96000001972 (6)

AMPLIA ISLAND COMMUNITY SAILING CENTER, INC.

FILED May 14 1997 8:00am Secretary of State

AWELIA ISLAID CONNICIALLY SAILING CENTER, NAC.														
Principal Place of Business					Mailing Address						• • • • • • • • • • • • • • • • • • • •		***************************************	
4734 YACHTSMAN DRIVER 4734 YACHTSMAN DRIVER FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32							97 32034							
THE COLOUR PROPERTY TO THE PROPERTY OF THE PRO										3. Date Incorporated or Qualifie	d 3a. [Date of Last Re	eport	
										04/08/1996		FIRST	- Deport	
2. Principal P	lace of Busin	1085	V Drive	2a, N	Mailing Ad	dress	ISMAN	•	Dain	4. FEI Number		——————————————————————————————————————	plied For	
21 4 7 Sulte, Apt.	*, etc.	475 1197	V DICIUS	26 5	f/.2Y Suite, Apt.	yaqui etc.	SHIM		DIAVE	27-2381617		\$8.75 A	ot Applicable	
22 27										5. Certificate of Status Desired		Fee Re		
City & State	е			City & State						6. Election Campaign Financing		\$5.00		
Zip Country					Zip Cou						Added t			
24	26		- F	29 30		-	,		Florida Statutes		No Rax under s.	199.032		
9. Name and Address of Current Registered										10. Name and Address of New Registered Agent				
									Name					
ROGERS, JAMES D							82	82 Street Address (P.O. Box Number is Not Acceptable)						
4734 YACHTSMAN DRIVE FERNANDINA BEACH FL 32034							83	83						
1 511144	TORWS DEC	0,,,,,	• •				84	╁	City			85 Zip (Code	
<u></u>											FI			
l office or r	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 .	Signature, typed	or printed name	of registered agent an	id litle if	applicable.	(NOT)	E Registered Ap	gen!	I signature require	d whon reinstaling)	DATE			
12. OFFICERS AND DIRECTORS								_		ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE DIRECTOR DELETE							1.1 TITLE					☐ Change	☐ Addilion	
STREET ADDRESS OLD BLUFF ROAD							1.2 NAME 1.3 STREET ADDRESS							
CITY-ST-ZIP	FEA		NA BEA	eH	FL 3	2034	1.4 CITY-		i i				,	
TITLE	DIR	ECTOP.				DELETE	2.1 TITLE	_				Change	Addition	
NAME JAMES MILLER STREET ADDRESS LUXX MARSHVICH					70.00			:						
					LONG OF SOME				ADDRESS	•	-			
TITLE DIAECTOR						DELETE						Change	Addition	
NAME	10	MM4	C. Pun	ivis.	_		3.2 NAME					,		
STREET ADDRESS	284		4th Stre			77.34	3.3 STREE	ëT A	ADDRESS					
CITY-ST-ZIP	FE	RNANI	IND DE	X CH	,n	32034			r- ZIP			Charac	I Lagren	
TITLE NAME	14	RECTOR			لسا	DELETE	4.1 TITLE 4. 2 NAM					☐ Change	☐ Addition	
STREET ADDRESS	212	45	sck 4 Isbak	10	our.		4.3 STREE		AODRESS					
CITY-ST-ZIP	FE	EN AND	ina bea	YCA	_/ - ()	82034	4.4 CITY-		1					
TITLE	Du	ECTOR			WI 🗆	DELETE	5.1 TITLE					☐ Change	Addition	
NAME	UA	. , , , , ,	D.72060				5.2 NAME							
STREET ADDRESS	42	34,4	ALLITS MA	W F	n. H DY	32034	5.3 STREE							
CITY-ST-ZIP		7CNAN	ט אוע	ene		DELETE	5.4 CITY- 6.1 TITLE		- ZIP			Change	Addition	
NAME						DEEDIE	6.2 NAME					onungo	PROGRESH	
STREET ADDRESS							6.3 STREE		ADDRESS					
CITY-ST-ZIP	<u> </u>						6.4 CITY-							
14. I do herel	by certify tha	it the informa	tion supplied wi	ith this	; filing doe	s not qualif	ly for the ex	em	notion stated	in Section 119.07(3)(i), Florida Stat	utes. I furth	er certify that	the	
l am an o	officer or dire	ctor of the coor Block 13yr	proporation or the changed, or on	ecei n al	ver di trus trichment	tee empow with an add	vered to exe dress.	cu	ite this report	my signature shall have the same I as required by Chapter 617, Floric	a Statutes;	and that my n	name	