

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N96000002340

Entity Name: EAST COAST CRUISERS, INC.

Current Principal Place of Business:

SAM'S AVE
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3221
NEW SMYRNA BEACH, FL 32170 US

New Mailing Address:

FEI Number: 59-3168653 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HARTWELL, MARGARET M T
2420 TAYLOR RD
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KNOPP, ROBERT
Address: 512 SEA ANCHOR CIRCLE
City-St-Zip: EDGEWATER, FL 32141

Title: VP (X) Delete
Name: HARTWELL, RONAL P
Address: 2420 TAYLOR RD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: S () Delete
Name: JONES, BARBARA
Address: 2333 MEADOW LANE
City-St-Zip: PORT ORANGE, FL 32128

Title: T () Delete
Name: HARTWELL, MARGARET M
Address: 2420 TAYLOR ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HARTWELL, RONAL P
Address: 2420 TAYLOR RD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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 exemption stated 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 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: MARGARET M HARTWELL

T

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date