2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003598

FILED Apr 14, 2009 Secretary of State

Entity Name: BOATING EDUCATION AND RESCUE TRAINING HUDSON AREA, INC.

Current Principal Place of Business: New Principal Place of Business: 14931 OLD DIXIE HWY HUDSON, FL 34667 **Current Mailing Address: New Mailing Address:** 14529 PEACE BLVD SPRINGHILL, FL 34610 US FEI Number: 59-3433038 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ZIMMER, WILLIAM D 14529 PÉACE BLVD SPRING HILL, FL 34610 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition POLLARO, JOE Name: Name: 1486 CAPRI RD Address: Address: City-St-Zip: HUDSON, FL 34667 City-St-Zip: Title: Title: () Delete (X) Change () Addition CLARK, DAVE A Name: CLARK, DAVE A Name: Address: 9145 PONTIAC ST Address: 9145 PONTIAC ST City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip: NEW PORT RICHEY, FL 34654 Title: () Delete Title: (X) Change () Addition ZIMMER, WILLIAM D ZIMMER, WILLIAM D Name: Name: 14529 PEACE BLVD 14529 PEACE BLVD Address: Address: City-St-Zip: SPRING HILL, FL 34610 City-St-Zip: SPRING HILL, FL 34610 () Delete Title: Title: () Change () Addition Name: RYCHLOCK, JOHN R Name: 9412 NEW YORK AVE Address: Address: City-St-Zip: HUDSON, FL 346671008 City-St-Zip: Title: () Delete Title: (X) Change () Addition STANLEY, RAY JESSUP, CHARLES Name: Name: 14904 OLD DIXIE HWY 5831 MICHIGAN AVE Address: Address: NEW PORT RICHEY, FL 34652 US City-St-Zip: HUDSON, FL 34667 US City-St-Zip: Title: () Delete Title: () Change (X) Addition THOMAS, LAWRENCE D Name: Name: Address: Address: 7820 SAGEBRUSH DRIVE PORT RICHEY, FL 34668 41 City-St-Zip: 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: WILLIAM ZIMMER T 04/14/2009