

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003598

FILED
Mar 28, 2010
Secretary of State

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

Current Principal Place of Business:

14931 OLD DIXIE HWY
HUDSON, FL 34667 US

New Principal Place of Business:

Current Mailing Address:

14529 PEACE BLVD
SPRINGHILL, FL 34610 US

New Mailing Address:

FEI Number: 59-3433038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIMMER, WILLIAM D
14529 PEACE BLVD
SPRING HILL, FL 34610 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: V
Name: POLLARO, JOE
Address: 1486 CAPRI RD
City-St-Zip: HUDSON, FL 34667

Title: P
Name: CLARK, DAVE A
Address: 9145 PONTIAC ST
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: T
Name: ZIMMER, WILLIAM D
Address: 14529 PEACE BLVD
City-St-Zip: SPRING HILL, FL 34610

Title: D
Name: RYCHLOCK, JOHN R
Address: 9412 NEW YORK AVE
City-St-Zip: HUDSON, FL 346671008

Title: S
Name: JESSUP, CHARLES
Address: 5831 MICHIGAN AVE.
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: D
Name: THOMAS, LAWRENCE D
Address: 7820 SAGEBRUSH DRIVE
City-St-Zip: PORT RICHEY, FL 34668 41

I hereby 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 all other like empowered.

SIGNATURE: DAVID ZIMMER

T

03/28/2010

Electronic Signature of Signing Officer or Director

Date