2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004363

FILED Apr 26, 2005 Secretary of State

Entity Name: AMELIA ISLAND BED & BREAKAST ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

28 SOUTH 7TH STREET 102 SOUTH 7TH STREET

FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32034

Current Mailing Address: New Mailing Address:

28 SOUTH 7TH ST 102 SOUTH 7TH STREET

FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32034

FEI Number: 59-3555312 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:

BISHOP, THOMAS DORSON CHI, JILL R 28 SOUTH SEVENTH ST. 102 SOUTH 7TH STREET

FERNANDINA BEACH, FL 32034 US FERNANDINA BEACH, FL 32034 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: JILL R. DORSON 04/26/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

804 ATLANTIC AVE.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

804 ATLANTIC AVE.

(X) Change () Addition () Delete

BISHOP, THOMAS DORSON CHI, JILL R Name: Name: 28 SOUTH 7TH STREET Address: 102 SOUTH 7TH STREET Address: City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: FERNANDINA BEACH, FL 32034

Title: Title: (X) Delete () Change () Addition

Name: CHI, JILL Name: Address: 102 S 7TH ST. Address: City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip:

Title: () Delete Title: (X) Change () Addition FRANZESE, HOLLY Name: FRANZESE, RON Name:

Address:

Address: City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: FERNANDINA BEACH, FL 32034

Title: () Delete Title: () Change () Addition

Name: BARNES, NANCY Name:

Address: 103 SOUTH NINTH ST Address: City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JILL R. DORSON CHI **PRES** 04/26/2005