

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003442

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** NORTH FLORIDA MARINE SOCIETY, INC.

**Current Principal Place of Business:**

C/O BOB MINOTT  
109 EAGLES RIDGE DR.  
CRAWFORDVILLE, FL 323272367 US

**New Principal Place of Business:**

**Current Mailing Address:**

109 EAGLES RIDGE DRIVE  
CRAWFORDVILLE, FL 323272367 US

**New Mailing Address:**

**FEI Number:** 59-3590291      **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:**

**Name and Address of New Registered Agent:**

COLE, WILLIAM GENE ESQ.  
10901 SUMMERTON DR.  
RIVERVIEW, FL 33569 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:**

Title: D ( ) Delete  
Name: TURNER, DAVE  
Address: 2109 HARRIET DR  
City-St-Zip: TALLAHASSEE, FL 32318

Title: D ( ) Delete  
Name: CONRAD, CURT  
Address: 8824 CABIN HILL RD  
City-St-Zip: TALLAHASSEE, FL 32311

Title: D ( ) Delete  
Name: MINOTT, BOB  
Address: 109 EAGLES RIDGE DR  
City-St-Zip: CRAWFORDVILLE, FL 32327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ROBERT E. MINOTT

D

05/01/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date