

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 717827 (0)

1. Corporation Name

MARTIN COUNTY ANGLERS CLUB, INC.



Principal Place of Business

Mailing Address

3608 NE JEANNETTE DR  
JENSEN BEACH FL 34957

3608 NE JEANNETTE DR  
JENSEN BEACH FL 34957

3. Date Incorporated or Qualified  
12/31/1969

3a. Date of Last Report  
01/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-1807962

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOWMAN, WILLARD  
3608 NE JEANNETTE DR  
JENSEN BEACH FL 34957

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BURKE, JOHN	
STREET ADDRESS	9900 S OCEAN DR #1602	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CARROLL, ROBERT	
STREET ADDRESS	2950 N.E. OCEAN BLV126-4	
CITY-ST-ZIP	STUART FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BUCHANAN, MARY C	
STREET ADDRESS	1550 NE OCEAN BLVD #103F	
CITY-ST-ZIP	STUART FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BOWMAN, WILLARD	
STREET ADDRESS	3608 N.E. JEANNETTE DR	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEMBERGER, ROBERT	
STREET ADDRESS	4313 N.E. SKYLINE DRIVE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GENTILE, GREGG	
STREET ADDRESS	362 S.E. EVERGREEN TERR	
CITY-ST-ZIP	PT ST LUCIE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jerry Rosen	
1.3 STREET ADDRESS	2191 S.W. Oak Ridge Rd.	
1.4 CITY-ST-ZIP	Palm City, Fl.	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Phillip Fafoya	
2.3 STREET ADDRESS	200 Olive Ave.	
2.4 CITY-ST-ZIP	Port St. Lucie, Fl.	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Henry Caimotto	
3.3 STREET ADDRESS	2528 N.E. Ginger Ter.	
3.4 CITY-ST-ZIP	Jensen Beach, Fl.	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Willard Bowman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96

(407) 334-4502

Date

Daytime Phone #

CR2E037 (12/95)