


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90199 019 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 717827**

1. Corporation Name  
**MARTIN COUNTY ANGLERS CLUB, INC.**

Principal Place of Business 3608 NE JEANNETTE DR JENSEN BEACH FL 34957	Mailing Address 3608 NE JEANNETTE DR JENSEN BEACH FL 34957
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 12/31/1969	4. FEI Number 59-1807962	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**BOWMAN, WILLARD**  
 3608 NE JEANNETTE DR  
 JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PELOSI, ROBERT	
STREET ADDRESS	740 SW 31ST ST	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HAMIL, CHARLES	
STREET ADDRESS	2500 NE MARIAN ST	
CITY-ST-ZIP	JENSEN BCH FL 34957	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEAN, FAY	
STREET ADDRESS	1550 NE OCEAN BLVD APT 107	
CITY-ST-ZIP	STUARD FL 34996	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BOWMAN, WILLARD	
STREET ADDRESS	3608 N.E. JEANNETTE DR	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HEMBERGER, ROBERT	
STREET ADDRESS	4313 N.E. SKYLINE DRIVE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MORAN, ROBERT	
STREET ADDRESS	7723 S E SUGAR SAND CIR	
CITY-ST-ZIP	HOBE SOUND FL 33455	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VINCE A. McMANUS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	9801 S. HWY A1A
2.3 STREET ADDRESS	JENSEN BEACH, FL, 34996
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	JOHN BURKE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	5000 S. FED. HWY. A1A
5.3 STREET ADDRESS	JENSEN BEACH, FL, 34997
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: WILLARD BOWMAN FEB. 8, 1999 (561) 334-4502

CR2E037 (1/98)