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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 717827

1. Corporation Name

MARTIN COUNTY ANGLERS CLUB, INC.

* 1 1515321 90199 19 2 *

Principal Place of Business

Mailing Address

3608 NE JEANNETTE DR
 JENSEN BEACH FL 34957

3608 NE JEANNETTE DR
 JENSEN BEACH FL 34957



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

12/31/1969

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-1807962

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** DELETE
 NAME **PELOSI, ROBERT**
 STREET ADDRESS **740 SW 31ST ST**
 CITY-ST-ZIP **PALM CITY FL 34990**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **VD** DELETE
 NAME **HAMIL, CHARLES**
 STREET ADDRESS **2500 NE MARIAN ST**
 CITY-ST-ZIP **JENSEN BCH FL 34957**

2.1 TITLE **VINCE A. McMANUS** Change Addition
 2.2 NAME
 2.3 STREET ADDRESS **9801 S. HWY A1A**
 2.4 CITY-ST-ZIP **JENSEN BEACH, FL, 34996**

TITLE **D** DELETE
 NAME **DEAN, FAY**
 STREET ADDRESS **1550 NE OCEAN BLVD APT 107**
 CITY-ST-ZIP **STUARD FL 34996**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **TD** DELETE
 NAME **BOWMAN, WILLARD**
 STREET ADDRESS **3608 N.E. JEANNETTE DR**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME **HEMBERGER, ROBERT**
 STREET ADDRESS **4313 N.E. SKYLINE DRIVE**
 CITY-ST-ZIP **JENSEN BEACH FL**

5.1 TITLE **JOHN BURKE** Change Addition
 5.2 NAME
 5.3 STREET ADDRESS **5000 S. FED. HWY. A1A**
 5.4 CITY-ST-ZIP **JENSEN BEACH, FL, 34997**

TITLE **SD** DELETE
 NAME **MORAN, ROBERT**
 STREET ADDRESS **7723 S E SUGAR SAND CIR**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

6.1 TITLE Change 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 8, 1999
 Date

(561) 334-4502
 Daytime Phone #

CR2E037 (1/98)