

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736705 (5)

1. Corporation Name

GULF AND SOUTH ATLANTIC FISHERIES DEVELOPMENT FOUNDATION, INC.

Principal Place of Business

Mailing Address

5401 W KENNEDY BLVD. STE 997
TAMPA FL 33609
US5401 W KENNEDY BLVD STE 997
997
TAMPA FL 33609-2449
US3. Date Incorporated or Qualified
08/27/19763a. Date of Last Report
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1684802

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution☐

\$5.00 May Be

Added to Fees

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

JAMISON, JUDY L
5456 FRIARWAY DRIVE
TAMPA 33624

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 AMASON, JACK
STREET ADDRESS 1 SEA GARDEN LANE, HIGHWAY 99
CITY-ST-ZIP VALONA GA11 TITLE P/D ☒ Change ☐ Addition
12 NAME SANSON, JERRY
13 STREET ADDRESS 476 HIGHWAY A1A, SUITE 3A
14 CITY-ST-ZIP SATELLITE BEACH, FL 32937TITLE EOS ☐ DELETE
NAME JAMISON, JUDY L.
STREET ADDRESS 5456 FRIARWAY DRIVE
CITY-ST-ZIP TAMPA FL21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME SANSON, JERRY
STREET ADDRESS 476 HIGHWAY A1A, SUITE 3A
CITY-ST-ZIP SATELLITE BEACH FL31 TITLE T/D ☒ Change ☐ Addition
32 NAME NELSON, CHRIS
33 STREET ADDRESS 17449 COUNTY ROAD 49 SOUTH
34 CITY-ST-ZIP BON SECOUR, AL 36511TITLE VD ☐ DELETE
NAME SAWYER, HENRY
STREET ADDRESS 3966 BOHICKET ROAD
CITY-ST-ZIP JOHNS ISLAND SC41 TITLE V/P ☒ Change ☐ Addition
42 NAME WHITE, BERNARD
43 STREET ADDRESS 1717 ST. JAMES PLACE, SUITE 550
44 CITY-ST-ZIP HOUSTON, TX 77056TITLE SD ☐ DELETE
NAME NELSON, CHRIS
STREET ADDRESS 17449 COUNTY ROAD 49 SOUTH
CITY-ST-ZIP BON SECOUR AL51 TITLE S/D ☒ Change ☐ Addition
52 NAME DANIELS, JOEY
53 STREET ADDRESS MILLS LANDING ROAD
54 CITY-ST-ZIP WANCHESE, NC 27981TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Judy L. Jamison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/97

(813) 286-8390

Date

Daytime Phone # 0047610

CR2E037 (9/96)