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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 736705

1. Corporation Name

GULF AND SOUTH ATLANTIC FISHERIES DEVELOPMENT FOUNDATION, INC.

Principal Place of Business

5401 W KENNEDY BLVD. STE 997
TAMPA FL 33609
US

Mailing Address

5401 W KENNEDY BLVD STE 997
997
TAMPA FL 33609
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
08/27/1976

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1684802

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 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

**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 **VD** ☒ DELETE
NAME **WHITE, BERNARD**
STREET ADDRESS **1717 ST JAMES PLACE, STE 550**
CITY-ST-ZIP **HOUSTON TX 77056**

1.1 TITLE **V/D** ☐ Change ☒ Addition
1.2 NAME **Williams, Kay**
1.3 STREET ADDRESS **4206 Robinhood Drive**
1.4 CITY-ST-ZIP **Pascagoula, MS 39581-4828**

TITLE **EDS** ☐ DELETE
NAME **JAMISON, JUDY L.**
STREET ADDRESS **5456 FRIARSWAY DRIVE**
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **PD** ☒ DELETE
NAME **SANSOM, JERRY**
STREET ADDRESS **225 ROCKLEDGE DR**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

3.1 TITLE **P/D** ☐ Change ☒ Addition
3.2 NAME **Daniels, Joey**
3.3 STREET ADDRESS **Mills Landing Road**
3.4 CITY-ST-ZIP **Wanchese, NC 27981**

TITLE **SD** ☒ DELETE
NAME **DANIELS, JOEY**
STREET ADDRESS **MILLS LANDING RD**
CITY-ST-ZIP **WANCHESE NC 27981**

4.1 TITLE **S/D** ☐ Change ☒ Addition
4.2 NAME **Leland, Rutledge**
4.3 STREET ADDRESS **22 Oak Street**
4.4 CITY-ST-ZIP **McClellanville, SC 29458**

TITLE **TD** ☒ DELETE
NAME **NELSON, CHRIS**
STREET ADDRESS **17449 COUNTY ROAD 49 SOUTH**
CITY-ST-ZIP **BON SECOUR AL 36511**

5.1 TITLE **T/D** ☐ Change ☒ Addition
5.2 NAME **Voisin, Michael**
5.3 STREET ADDRESS **412 Palm Avenue**
5.4 CITY-ST-ZIP **Houma, LA 70364**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Judy L. Jamison* **SIGNATURE REQUIRED** Judy L. Jamison 01/05/99 813-286-8390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)