

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **739402** (6)

95 JAN 21 PM 3:04

1. Corporation Name
FLORIDA DIVISION OF THE IZAAK WALTON LEAGUE OF AMERICA, INC.

Principal Place of Business Mailing Address
**31 GARDEN COVE DR.
KEY LARGO FL 33037**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/16/1977** 3a. Date of Last Report **10/27/1994**
4. FEI Number **59-0998701** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **26** **Post Office Box 236**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
City & State **28** **HOMESTEAD, FLORIDA**
Zip Country Zip Country
24 **25** **29** **30** **33090**

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for Intangible tax under S. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CHENOWETH, MICHAEL F
31 GARDEN COVE DR.
KEY LARGO FL**

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	CHENOWETH, MICHAEL F
STREET ADDRESS	31 GARDEN COVE DR.
CITY-ST-ZIP	KEY LARGO FL 33037
TITLE	VD
NAME	KEELER, CARL
STREET ADDRESS	211 CHAUNCEY AVE. E
CITY-ST-ZIP	BRANDENTON FL 34208
TITLE	TD
NAME	MILLER, LLOYD
STREET ADDRESS	27720 SW 197 AVE.
CITY-ST-ZIP	HOMESTEAD FL 33031
TITLE	RD
NAME	ROBERT SKINNER
STREET ADDRESS	2730 SW 300 AVE, SUITE 205
CITY-ST-ZIP	MIAMI, FLORIDA 33129
TITLE	VD
NAME	AMY K. KNOWLES
STREET ADDRESS	140 MADIERA ROAD
CITY-ST-ZIP	ISLAMORADA, FLORIDA 33036
TITLE	VD
NAME	FRANKLIN ADAMS
STREET ADDRESS	4272 19TH PLACE SW
CITY-ST-ZIP	NAPLES, FL. 33999

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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	H. MAXWELL QUACKENBOS
2.3 STREET ADDRESS	1778 NW PALMETTO TERRACE
2.4 CITY-ST-ZIP	STUART, FLORIDA 34994
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT SKINNER
3.3 STREET ADDRESS	2730 SW 300 AVE, SUITE 205
3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33129
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARY BETH PEZHINGY
4.3 STREET ADDRESS	32851 TRILBY ROAD
4.4 CITY-ST-ZIP	DADE CITY, FLORIDA 33525
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	AMY K. KNOWLES
5.3 STREET ADDRESS	140 MADIERA ROAD
5.4 CITY-ST-ZIP	ISLAMORADA, FLORIDA 33036
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	FRANKLIN ADAMS
6.3 STREET ADDRESS	4272 19TH PLACE SW
6.4 CITY-ST-ZIP	NAPLES, FL. 33999

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 110.07(3)(b), 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 collector 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 the statement with an address.

SIGNATURE: Michael F. Chenoweth 16 JAN 95 305-451-0993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
MICHAEL F. CHENOWETH