

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 739402 (6)

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



Principal Place of Business: 31 GARDEN COVE DR. KEY LARGO FL 33037
Mailing Address: P. O. BOX 236 HOMESTEAD FL 33090 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	06/16/1977	01/24/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-0998701	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHENOWETH, MICHAEL F 31 GARDEN COVE DR. KEY LARGO FL	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHENOWETH, MICHAEL F	1.2 NAME	
STREET ADDRESS	31 GARDEN COVE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEELER, CARL	2.2 NAME	
STREET ADDRESS	211 CHAUNCEY AVE. E	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDENTON FL 34208	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LLOYD	3.2 NAME	
STREET ADDRESS	27720 SW 197 AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33031	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUACKENBOS, H. MAXWELL	4.2 NAME	ADAMS, FRANKLIN
STREET ADDRESS	1778 NW PALMETTO TERRACE	4.3 STREET ADDRESS	4272 19TH PL. SW
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	NAPLES, FL 33999
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SKINNER, ROBERT	5.2 NAME	GREENE, JUANITA
STREET ADDRESS	2730 SW 3RD AVENUE-SUITE 205	5.3 STREET ADDRESS	P.O. BOX 1485 ← 150 SABAL AVE
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RECHINEY, MARY BETH	6.2 NAME	500001883675
STREET ADDRESS	32851 TRILBY RD.	6.3 STREET ADDRESS	-07/03/96--01070--027
CITY-ST-ZIP	DADE CITY FL	6.4 CITY-ST-ZIP	***61.25

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 119.07(3)(k), 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: *Michael F. Chenoweth* MICHAEL F. CHENOWETH, PRES 15 JAN 96 305-451-0993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)