


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90055 037 \*\*\*\*61.25

0064925

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 739402**

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 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/16/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0998701
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> *Additional* Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, JUANITA	4.2 NAME	
STREET ADDRESS	150 SABAL PALM AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL 33070	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKINNER, ROBERT	5.2 NAME	
STREET ADDRESS	2730 SW 3RD AVENUE-SUITE 205	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTON, DEL LORICE	6.2 NAME	D KNOWLES, AMY
STREET ADDRESS	3333 GULF SHORE BLVD. N. APT. 303	6.3 STREET ADDRESS	140 MADIRA ROAD
CITY-ST-ZIP	NAPLES FL 34103	6.4 CITY-ST-ZIP	ISLAMORADA, FLORIDA 33036

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: Michael F. Chenoweth DATE: 10F0899 DAYTIME PHONE #: (305) 451-0993  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)