


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 739402**

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



Principal Place of Business <b>31 GARDEN COVE DR.          KEY LARGO, FL 33037</b>	Mailing Address <b>P. O. BOX 236          HOMESTEAD, FL 33090 US</b>
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**DO NOT WRITE IN THIS SPACE**



03202005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-0998701</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**CHENOWETH, MICHAEL F  
 31 GARDEN COVE DR.  
 KEY LARGO, FL**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERGQUIST, SARAH 8741 CORKSCREW ROAD ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEELER, CARL 211 CHAUNCEY AVE. E BRANDENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, LLOYD 27720 SW 197 AVE. HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAURAY, CHARLES 8661 CORKSCREW ROAD ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKINNER, ROBERT 2730 SW 3RD AVENUE-SUITE 205 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARROW, JOAN MOWERY 205 OCEAN DR. KEY LARGO, FL 33037

1100000362992  
 05/05/05-80140-018 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **5-2-05 305 247-4189**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #