

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90117 043 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 739402**

1. Entity 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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0998701**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

**FILE NOW FEE IS \$61.25**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHENOWETH, MICHAEL F 31 GARDEN COVE DR. KEY LARGO, FL 33037</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD KEELER, CARL 211 CHAUNCEY AVE. E BRANDENTON, FL 34208</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MILLER, LLOYD 27720 SW 197 AVE. HOMESTEAD, FL 33031</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD DAURAY, CAHRLIE 8661 CAORNER CROW RD ESTERO, FL 33928</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SKINNER, ROBERT 2730 SW 3RD AVENUE-SUITE 206 MIAMI, FL</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KNOWLES, AMY 140 MADIERA RD ISLAMORADA, FL 33036</b>	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BERGQUIST, SARAH 8741 CORKSCREW ROAD ESTERO, FLORIDA 33928</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>8661 CORKSCREW ROAD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: Michael F. Chenoweth **MICHAEL F. CHENOWETH** 7 APRIL 2003 305-451-0993  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone if

CR2E037 (10/02)