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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **740849** (5)
1. Corporation Name
FLORIDA OUTDOOR WRITERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
16981 S.E. 54TH ST. OCKLAWAHA FL 32179 US
16981 S.E. 54TH ST. OCKLAWAHA FL 32179 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/21/1977** 3a. Date of Last Report **04/19/1994**
4. FEI Number **59-2190309** Applied For Not Applicable
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. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
SCHARMACH, NANCY
16981 S.E. 54TH ST.
OCKLAWAHA FL 32179

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARDIE, JIM
STREET ADDRESS	8730 SW 43RD DR.
CITY-ST-ZIP	MIAMI FL 33165
TITLE	1STV
NAME	KEEFER, BEIRNE
STREET ADDRESS	1718 SHARONDALE DRIVE
CITY-ST-ZIP	CLEARWATER FL 34615
TITLE	TD
NAME	MORELLO, FRANK
STREET ADDRESS	551 N. MILITARY DRIVE
CITY-ST-ZIP	W. PALM BEACH FL 33415
TITLE	SD
NAME	ARBUTTMOT, ARBY
STREET ADDRESS	2111 WESTVIEW DRIVE
CITY-ST-ZIP	SUN CITY FL 33573
TITLE	2NDV
NAME	COIN, BILL
STREET ADDRESS	1355 SNELL OSLE BLVD. NE
CITY-ST-ZIP	ST. PETERSBURG FL 33573
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JIM HARDIE	
1.3 STREET ADDRESS	8730 SW 43rd Street	
1.4 CITY-ST-ZIP	MIAMI, FL 33165	
2.1 TITLE	President - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KEEFER, BEIRNE	
2.3 STREET ADDRESS	1718 SHARONDALE DR.	
2.4 CITY-ST-ZIP	CLEARWATER, FL 34615	
3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	same	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Secretary - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ARBUTHNOT ARBY	
4.3 STREET ADDRESS	P.O. Box 1740 N.W.	
4.4 CITY-ST-ZIP	LAKE PLACID, FL 33862-1740	
5.1 TITLE	1st. V.P. - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BILL AU COIN	
5.3 STREET ADDRESS	1355 SNELL ISLE BLVD. NE	
5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33704	
6.1 TITLE	2nd V.P. - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	RUSTY CHINNIS	
6.3 STREET ADDRESS	PO Box 67	
6.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228	

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)(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Nancy J. Scharmach, Ex. Dir. 1/16/95 (904) 625-2272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date