

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

000001755310
-03/25/96--01005--032
***61.25

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



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

3. Date Incorporated or Qualified: 11/21/1977
3a. Date of Last Report: 02/22/1995

2. Principal Place of Business: 21 1876 N.E. 40th Circle
2a. Mailing Address: 26 1876 N.E. 40th Circle

4. FEI Number: 59-2190309
Applied For: Not Applicable

22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.

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

23 City & State: Ocala, Florida
28 City & State: Ocala, Florida

6. Election Campaign Financing: \$5.00 May Be Added to Fees

24 Zip: 34470 25 Country: US
29 Zip: 34470 30 Country: US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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: Nancy J. SCHARMACH, 82 Street Address: 1876 N.E. 40th Circle, 83, 84 City: Ocala, FL, 85 Zip Code: 34470

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 617.03, Florida Statutes.

SIGNATURE: Nancy J. Scharmach, Executive Director, 3/8/96

12. OFFICERS AND DIRECTORS

TITLE: CD	NAME: HARDIE, JIM	DELETED: <input checked="" type="checkbox"/>
STREET ADDRESS: 8730 SW 43RD DR.	CITY-ST-ZIP: MIAMI FL 33165	
TITLE: PD	NAME: KEEFER, BEIRNE	DELETED: <input type="checkbox"/>
STREET ADDRESS: 1718 SHARONDALE DRIVE	CITY-ST-ZIP: CLEARWATER FL 34615	
TITLE: TD	NAME: MORELLO, FRANK	DELETED: <input type="checkbox"/>
STREET ADDRESS: 551 N. MILITARY DRIVE	CITY-ST-ZIP: W. PALM BEACH FL 33415	
TITLE: SD	NAME: ARBUTHNOT, ARBY	DELETED: <input type="checkbox"/>
STREET ADDRESS: 2111 WESTVIEW DRIVE	CITY-ST-ZIP: SUN CITY FL 33573	
TITLE: 1STV	NAME: AUCOIN BILL	DELETED: <input type="checkbox"/>
STREET ADDRESS: 1355 SNELL ISLE BLVD. NE	CITY-ST-ZIP: ST. PETERSBURG FL 33573	
TITLE: 2VP	NAME: RUSTY CHINNIS	DELETED: <input type="checkbox"/>
STREET ADDRESS: P.O. BOX 67 N/A	CITY-ST-ZIP: LONGBOAT KEY FL 34228	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Chairman of the Board	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
1.2 NAME: BEIRNE, KEEFER	CD
1.3 STREET ADDRESS: 1718 Sharondale Dr.	
1.4 CITY-ST-ZIP: Clearwater, FL 34615	
2.1 TITLE: President	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
2.2 NAME: Bill Au Coin	
2.3 STREET ADDRESS: 1355 Snell Isle Blvd. N.E.	
2.4 CITY-ST-ZIP: St Petersburg, FL 33704	PD
3.1 TITLE: same	
3.2 NAME: same	
3.3 STREET ADDRESS: same	
3.4 CITY-ST-ZIP: same	TD
4.1 TITLE: Secretary	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
4.2 NAME: ARBUTHNOT, ARBY	
4.3 STREET ADDRESS: P.O. Box 1740 N/A	
4.4 CITY-ST-ZIP: Lake Placid, FL 33862-1740	SD
5.1 TITLE: 1st V.P.	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
5.2 NAME: RUSTY CHINNIS	
5.3 STREET ADDRESS: P.O. Box 67 N/A	
5.4 CITY-ST-ZIP: Longboat Key, FL 34228	(D)
6.1 TITLE: 2nd V.P.	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
6.2 NAME: Sandy Huff	
6.3 STREET ADDRESS: 3530 Fairview St	
6.4 CITY-ST-ZIP: Safety Harbor, FL 34695	(D)

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: Nancy J. Scharmach, Executive Director, 1/22/96 (352) 236-1177

CR2E037 (12/95)