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Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 740849 (5)
1. Corporation Name
FLORIDA OUTDOOR WRITERS ASSOCIATION, INC.

Principal Place of Business 1876 N.E. 40TH CIRCLE OCALA FL 34470	Mailing Address 1876 N.E. 40TH CIRCLE OCALA FL 34470-5040
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3. Date Incorporated or Qualified 11/21/1977	3a. Date of Last Report 03/22/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip
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4. FEI Number 59-2190309	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SCHARMACH, NANCY
1876 N.E. 40TH CIRCLE
OCALA FL 34470**

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 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: *Nancy J. Scharmach, Executive Director* DATE: **1/8/97**

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	KEEFER, BEIRNE	
STREET ADDRESS	1718 SHARONDALE DR	
CITY - ST - ZIP	CLEARWATER FL 34615	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KEEFER, BEIRNE	
STREET ADDRESS	1355 SNELL ISLE BLVD NE	
CITY - ST - ZIP	ST PETERSBURG FL 33704	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MORELLO, FRANK	
STREET ADDRESS	551 N. MILITARY DRIVE	
CITY - ST - ZIP	W. PALM BEACH FL 33415	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ARBUTHNOT, ARBY	
STREET ADDRESS	2411 WESTVIEW DRIVE	<i>changed address</i>
CITY - ST - ZIP	SUN CITY FL 33575	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HUFF, RUSTY	
STREET ADDRESS	3530 FAIRVIEW ST	
CITY - ST - ZIP	SAFETY HARBOR FL 34695	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RUSTY CHINNIS	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BILL AUCOIN	
1.3 STREET ADDRESS	1355 SNELL ISLE BLVD. N.E.	
1.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33704	
2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RUSTY CHINNIS	N/A
2.3 STREET ADDRESS	P.O. BOX 67	
2.4 CITY - ST - ZIP	LONGBOAT KEY, FL 34228	
3.1 TITLE		<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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ARBY ARBUTHNOT	
4.3 STREET ADDRESS	PO BOX 1740	N/A
4.4 CITY - ST - ZIP	LAKE PLACID, FL 33862	
5.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BILL EATON	
5.3 STREET ADDRESS	3391 EAGLE NEST DRIVE	
5.4 CITY - ST - ZIP	HERNANDO BEACH, FL 34607	
6.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TOM TWYFORD	
6.3 STREET ADDRESS	921 LAUREL ROAD	
6.4 CITY - ST - ZIP	NORTH PALM BEACH, FL 33408	

14. I do 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.

SIGNATURE: *Frank Morello* DATE: **1-27-97**

CR2E037 (9/96)