


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30). All fields contain 'Same' or 'USA'.

3. Date Incorporated or Qualified: 11/21/1977
4. FEI Number: 59-2190309
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No N/A

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 (81-85). Fields 81-84 are blank, 85 is FL.

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: 1/5/98

12. OFFICERS AND DIRECTORS

TITLE	DC	AUCOIN, BILL	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	1355 SNELL ISLE BLVD. N.E. ST. PETERSBURG FL		
CITY-ST-ZIP			
TITLE	PD	CHINNIS, RUSTY	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	P.O. BOX 87 LONGBOAT KEY FL		
CITY-ST-ZIP			
TITLE	TD	MORELLO, FRANK	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	551 N. MILITARY DRIVE W. PALM BEACH FL 33415		
CITY-ST-ZIP			
TITLE	DS	ARBUTHNOT, ARBY	<input type="checkbox"/> DELETE
STREET ADDRESS	P.O. BOX 1740 LAKE PLACID FL		
CITY-ST-ZIP			
TITLE	VPD	EATON, BILL	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	3391 EAGLE NEST DRIVE HERNANDO BEACH FL		
CITY-ST-ZIP			
TITLE	DVP	TWYFORD, TOM	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	921 LAUREL ROAD NORTH PALM BEACH FL		
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DC	CHINNIS, Rusty	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P.O. BOX 167 Longboat Key, FL 34228 N/A		
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	PD	EATON, Bill	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	3391 Eagle Nest Drive Hernando Beach, FL 34607		
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	TD	MORELLO, Frank	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	9109 Palmyra Drive Lake Worth, FL 33467		
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Same		
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	DVP	TWYFORD, Tom	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	P.O. BOX 468 West Palm Beach, FL 33402 N/A		
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	DVP	SANDERS, DALE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	7905 Collier Road Ocala, FL 33556		
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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, January 5, 1998

CR2E037 (10/97)