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Feb 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 740849
 1. Corporation Name
FLORIDA OUTDOOR WRITERS ASSOCIATION, INC.

102224-90665-32

Principal Place of Business 1876 N.E. 40TH CIRCLE OCALA FL 34470	Mailing Address 1876 N.E. 40TH CIRCLE OCALA FL 34470
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2. Principal Place of Business 21 <i>Same</i>	2a. Mailing Address 26 <i>Same</i>	3. Date Incorporated or Qualified 11/21/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2190309
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25 MARION	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Country 30 MARION	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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)
Same
 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 *1/12/99*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CHINNIS, RUSTY P.O. BOX 67 N/A LONGBOAT KEY FL 34226	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EATON, BILL 3391 EAGLE NEST DR HERNANDO BEACH FL 34607	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORELLO, FRANK 9109 PALMINO DR LAKE WORTH FL 33467	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ARBUTHNOT, ARBY P.O. BOX 1740 LAKE PLACID FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TWYFORD, TOM P.O. BOX 468 N/A WEST PALM BEACH FL 33402	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SANDERS, DALE 7905 COLLEY RD ODESSA FL 33556	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Chairman BILL EATON 3391 Eagle Nest Dr Hernando Beach, FL 34607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PD TOM TWYFORD PO Box 468 West Palm Beach, FL 33402	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DVP Dale Sanders 7905 Colley Rd Odessa, FL 33556	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TD Frank Morello 9109 Palmino Drive Lake Worth, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	DS Arby Arbuthnot PO Box 1740 (135 Lino Rd., NE) Lake Placid, FL 33854	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	DVP Steve Keaton 25911 N. Barnwood Mt. Pleasant, FL 32776-9625	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Nancy J. Scharmach* DATE: *1/12/99* (35a) 236-1177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/198)