

DOCUMENT # 140849

1. Entity Name

FLORIDA OUTDOOR WRITERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1876 N.E. 40TH CIRCLE
OCALA FL 34470

1876 N.E. 40TH CIRCLE
OCALA FL 34470-5040

FILED
Apr 17, 2000 8:00 am
Secretary of State

01-20-2000 90145 019 ****61.25



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2190309

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SCHARMACH, NANCY
1876 N.E. 40TH CIRCLE
OCALA FL 34470

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	EATON, BILL	
STREET ADDRESS	3391 EAGLEHEAD DR	
CITY-ST-ZIP	HERNANDO BEACH FL 34807	
TITLE	PO	<input type="checkbox"/> Delete
NAME	TWYFORD, TOM	
STREET ADDRESS	PO BOX 468	
CITY-ST-ZIP	WEST PALM BEACH FL 33402	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SANDERS, DALE	
STREET ADDRESS	7905 COLLEY RD	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARELLO, FRANK	
STREET ADDRESS	9109 PALOMINA DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ARBUTHNOT, ARBY	
STREET ADDRESS	PO BOX 1740 135 LINE RD, NE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	KESTERSON, STEVE	
STREET ADDRESS	25911 BERWICK	
CITY-ST-ZIP	MT. PLYMOUTH FL 32776	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Twyford, Tom	
STREET ADDRESS	PO Box 468	
CITY-ST-ZIP	West Palm Beach, FL 33402	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President Sanders, Dale	
STREET ADDRESS	7905 Colley Rd	
CITY-ST-ZIP	Odessa, FL 33556	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer Frank Marello	
STREET ADDRESS	9109 Palomina Dr.	
CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1st VP/Pres-elect Van Hubbard	
STREET ADDRESS	PO Box 146	
CITY-ST-ZIP	Clacida, FL 33946	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2nd VP Jim Warnke	
STREET ADDRESS	617 Lakeside Harbor	
CITY-ST-ZIP	Creston Beach, FL 33435	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arbuthnot, Arby Secretary	
STREET ADDRESS	PO Box 1740	
CITY-ST-ZIP	Lake Placid, FL 33852	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy J. Scharmach, Director NANCY J. SCHARMACH (352) 236-1177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/9/00 Daytime Phone #

CR2E037 (9/99)