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95 MAY -1 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # N93000005780 (2)
1. Corporation Name
FLORIDA FLY FISHING ASSOCIATION, INC.

Principal Place of Business Mailing Address

C/O ELIZABETH J. BROWN
P.O. BOX 542345
MERRITT ISLAND FL 32954-2345

C/O ELIZABETH J. BROWN
4619 CHULLUOTA RD
ORLANDO FL 32820

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/20/1993** 3a. Date of Last Report **04/29/1994**

4. FEI Number **N** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 601(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

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

9. Name and Address of Current Registered Agent

BROWN, ELIZABETH J
4619 CHULLUOTA ROAD
ORLANDO FL 32820

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CRENEY, DOUG
STREET ADDRESS	1774 NEWFOUND HARBOR DR
CITY-ST-ZIP	MERRITT ISLAND FL 32952
TITLE	DV
NAME	DWYERN, DENNIS A
STREET ADDRESS	2441 BONNIE DR
CITY-ST-ZIP	COCOA FL 32826
TITLE	DS
NAME	STANLEY, GREGORY
STREET ADDRESS	3130 CRUMPET CT
CITY-ST-ZIP	COCOA FL 32928
TITLE	DT
NAME	EASTWOOD, MARTYN (NMI)
STREET ADDRESS	1131 EARLY DRIVE
CITY-ST-ZIP	PALM BAY FL 32907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EASTWOOD, MARTYN (NMI)	
1.3 STREET ADDRESS	1131 EARLY DRIVE	
1.4 CITY-ST-ZIP	PALM BAY, FL 32907	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DWYER, DENNIS A.	
2.3 STREET ADDRESS	2441 BONNIE DRIVE	
2.4 CITY-ST-ZIP	COCOA, FL 32826	
3.1 TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NO CHANGE	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LEGRAND, EDWARD J.	
4.3 STREET ADDRESS	3698 BAYFIELD ST.	
4.4 CITY-ST-ZIP	COCOA, FL 32926	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Martyn Eastwood 4-7-95 407-952-0317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #