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Jan 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 CHULUOTA RD  
ORLANDO FL 32820-1108

3. Date Incorporated or Qualified  
12/20/1993

3a. Date of Last Report  
02/23/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, ELIZABETH J  
4619 CHULUOTA ROAD  
ORLANDO FL 32820

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  DELETE  
NAME EASTWOOD, MARTYN  
STREET ADDRESS 1131 EARLY DR  
CITY-ST-ZIP PALM BAY FL 32907

1.1 TITLE DP  Change  Addition  
1.2 NAME RICHARDSON, DEAN W.  
1.3 STREET ADDRESS 8200 G CANAVERAL BLVD.  
1.4 CITY-ST-ZIP CAPE CANAVERAL, FL

TITLE DV  DELETE  
NAME RICHARDSON, DEAN W  
STREET ADDRESS 8200 G CANAVERAL BLVD  
CITY-ST-ZIP CAPE CANAVERAL FL

2.1 TITLE DV  Change  Addition  
2.2 NAME MAXWELL, GEORGE  
2.3 STREET ADDRESS P. O. BOX 717  
2.4 CITY-ST-ZIP MELBOURNE, FL 32901

TITLE DS  DELETE  
NAME NORMAN, RAYMOND  
STREET ADDRESS 2205 DUMAS ST  
CITY-ST-ZIP MERRITT ISLAND FL 32953

3.1 TITLE DS  Change  Addition  
3.2 NAME NORMAN, RAYMOND  
3.3 STREET ADDRESS 2205 DUMAS ST  
3.4 CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE DT  DELETE  
NAME PICKETT, GREGORY  
STREET ADDRESS 828 HERON RD  
CITY-ST-ZIP COCOA FL 32928

4.1 TITLE DT  Change  Addition  
4.2 NAME STEWART, KEVIN  
4.3 STREET ADDRESS 1155 OUTRIGGER DR  
4.4 CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  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 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:

*Dean Richardson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.06.97

Date

407-544-5897

Daytime Phone # 0018309

CR2E037 (9/96)