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Jun 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: C/O ELIZABETH J. BROWN, P.O. BOX 542345, MERRITT ISLAND FL 32954-2345  
Mailing Address: C/O ELIZABETH J. BROWN, 4619 CHULUOTA RD, ORLANDO FL 32820

3. Date Incorporated or Qualified: 12/20/1993  
4. FEI Number: NOT APPLICABLE  
Applied For: Not Applicable

2. Principal Place of Business: 21 C/O Gregory Pickett, Suite, Apt. #, Etc. 22 PO Box 542345, City & State Merritt Island FL, Zip 32954-2345  
2a. Mailing Address: 26 C/O Gregory Pickett, Suite, Apt. #, Etc. 27 828 Heron Rd, City & State Cocoa, FL, Zip 32926, Country

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

9. Name and Address of Current Registered Agent: BROWN, ELIZABETH J, 4619 CHULUOTA ROAD, ORLANDO FL 32820

10. Name and Address of New Registered Agent: 81 Name: Gregory Pickett, 82 Street Address (P.O. Box Number is Not Acceptable): 828 Heron Rd, 83, 84 City: Cocoa, FL, 85 Zip Code: 32926

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: Gregory Pickett, Gregory A. Pickett President, DATE: 6-8-98

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	RICHARDSON, DEAN W.	
STREET ADDRESS	8200 G CANAVERAL BOULEVARD	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MAXWELL, GEORGE	
STREET ADDRESS	P.O. BOX 717	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	NORMAN, RAYMOND	
STREET ADDRESS	2205 DUMAS ST	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	STEWART, KEVIN	
STREET ADDRESS	1155 OUTRIGGER DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gregory Pickett	
1.3 STREET ADDRESS	828 Heron Rd	
1.4 CITY-ST-ZIP	Cocoa, FL 32926	
2.1 TITLE	Deice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John Meyer	
2.3 STREET ADDRESS	2796 Glory Circle	
2.4 CITY-ST-ZIP	Melbourne Beach FL 32951	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Greg Stanley	
3.3 STREET ADDRESS	902 Black Pine Court	
3.4 CITY-ST-ZIP	Rockledge FL 32955	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ray Tipton	
4.3 STREET ADDRESS	1560 Bella Casa Court	
4.4 CITY-ST-ZIP	Merritt Island FL 32952	
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		

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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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gregory Pickett, Gregory A. Pickett, DATE: 4-28-98, 407-636-9364

CR2E037 (10/97)