

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90370 017 ****61.25

DOCUMENT # N93000005780
 1. Entity Name
FLORIDA FLY FISHING ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O WILLIAM BROWN **FLORIDA FLY FISHING ASSOCIATION**
1331 N. TROPICAL TRAIL **P.O. BOX 542345**
MERRITT ISLAND FL 32953 **MERRITT ISLAND FL 32954-2345**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ELKINS, RITA A
5970 CANNON AVE.
COCOA FL 32927

7. Name and Address of New Registered Agent
 Name **JOSEPH INGINO**
 Street Address (P.O. Box Number is Not Acceptable) **1435 CEPHENS CT**
 City **MERRITT ISLAND FL** Zip Code **32953**

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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE Joseph M. Ingino DATE 7-3-2002
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

After September 13, 2002, min. will be \$236.25.

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	ELKINS, RITA A	
STREET ADDRESS	5970 CANNON AVE.	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCHUGH, JUDY	
STREET ADDRESS	658 PLANTATION DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	WOMACK, DEBBIE	
STREET ADDRESS	3271 KOLBEE ST	
CITY-ST-ZIP	MIMS FL 32754	
TITLE	DT	<input type="checkbox"/> Delete
NAME	INGINO, JOE	
STREET ADDRESS	1435 CEPHENS CT	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE W. MAXWELL	
STREET ADDRESS	2325 RUFFNER RD.	
CITY-ST-ZIP	MOULBOURNE, FL 32901	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES ELKINS	
STREET ADDRESS	5970 CANNON AVE	
CITY-ST-ZIP	COCOA, FL 32927	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE MORROW	
STREET ADDRESS	756 E. PLANTATION	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH M. INGINO TREAS.	
STREET ADDRESS	1435 CEPHENS CT	
CITY-ST-ZIP	MERRITT IS, FL 32953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: Joseph M. Ingino **REQUIRED** DATE: 7-3-2002

CR2E037 (4/02)