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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003089

1. Corporation Name

LAKE COUNTY SALTWATER ANGLERS, INC.

Principal Place of Business

2801 SOUTH BAY ST.
EUSTIS FL 32726

Mailing Address

2801 SOUTH BAY ST.
EUSTIS FL 32726

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2. Principal Place of Business

21 212 Vincent Dr

Suite, Apt. #, etc.

22 212 Vincent Dr

City & State

23 Mt Dora FL

Zip

24 32757

Country

25 USA

2a. Mailing Address

26 212 Vincent Dr

Suite, Apt. #, etc.

27 212 Vincent Dr

City & State

28 Mt Dora, FL

Zip

29 32757

Country

30 USA

3. Date Incorporated or Qualified

05/27/1997

4. FEI Number

59-3489585

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

9. Name and Address of Current Registered Agent

LAROE, KENNETH E
212 VINCENT DR.
MT. DORA FL 32757

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 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)

1/16/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME D LAROE, KENNETH E
STREET ADDRESS 212 VINCENT DR.
CITY-ST-ZIP MT. DORA FL 32757

TITLE DELETE

NAME D SEARS, JAMES
STREET ADDRESS 37420 NEW YORK AVE.
CITY-ST-ZIP UMATILLA FL 32784

TITLE DELETE

NAME D SMITH, PHILLIP
STREET ADDRESS 1000 WEST MAIN ST.
CITY-ST-ZIP LEESBURG FL 34748

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kenneth E. La Roe

1/16/99

Date

352/589-7500

Daytime Phone #

CR2E037 (1/198)