

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90058 008 ****61.25

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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**

199903-04-1999 90058-8



2. Principal Place of Business

21 **212 Vincent Dr**

Suite, Apt. #, etc.

22 **212 Vincent Dr**

City & State

23 **Mt Dora FL**

Zip Country

24 **32757** 25 **USA**

2a. Mailing Address

26 **212 Vincent Dr**

Suite, Apt. #, etc.

27 **212 Vincent Dr**

City & State

28 **Mt Dora, FL**

Zip Country

29 **32757** 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 REQUIRED
Kenneth E. La Roe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/99

DATE

352/589-7500

Daytime Phone #

CR2E037 (1/198)