


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

99 JUL 26 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N98000002648 1. Corporation Name THE FLORIDA FOUNDATION FOR RESPONSIBLE ANGLING, INCORPORATED		
Principal Place of Business 3900 COMMONWEALTH BLVD. TALLAHASSEE FL 32399-3000	Mailing Address 3900 COMMONWEALTH BLVD. TALLAHASSEE FL 32399-3000	



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/08/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3544654
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KRAMER, ROBERT E 3900 COMMONWEALTH BLVD. TALLAHASSEE FL 32399-3000	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYMANS, DOUG	1.2 NAME	
STREET ADDRESS	3900 COMMONWEALTH BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32399-3000	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUTNAM, TOM	2.2 NAME	
STREET ADDRESS	2206 THOMAS DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEEBLES, DIANE	3.2 NAME	
STREET ADDRESS	P.O. BOX 12855	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33733	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, SCOTT	4.2 NAME	
STREET ADDRESS	1890 SEMORAN BLVD., #355	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32792	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIERMAN, MARSHA	5.2 NAME	
STREET ADDRESS	601 NORTHWEST 110 AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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: Douglas E. Haymans sec/treas. 7/16/99 850-488-6058

CR2E037 (5/99)



Florida Fish and Wildlife Conservation Commission

James L. "Jamie" Adams, Jr. **Barbara C. Barsh** **Patrick E. Geraghty** **Quinton L. Hedgepeth, DDS** **H.A. "Herky" Huffman**
Bushnell Jacksonville Ft. Myers Miami Deltona

Thomas B. Kibler **David K. Meehan** **Julie K. Morris** **Tony Moss** **Edwin P. Roberts, DC** **John D. Rood**
Lakeland St. Petersburg Sarasota Miami Pensacola Jacksonville

ALLAN L. EGBERT, Ph.D., Executive Director
VICTOR J. HELLER, Assistant Executive Director

DIVISION OF MARINE FISHERIES
Russell S. Nelson, Ph.D., Director
Roy O. Williams, Assistant Director

July 20, 1999

Mr. David Mann, Director
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32314

Dear Mr. Mann:

This letter is to certify to you that the Florida Foundation for Responsible Angling, Inc. is a duly authorized citizen support organization which is under contract to provide support for the Florida Fish and Wildlife Conservation Commission's Division of Marine Fisheries in accordance with Section 372.0215 of the Florida Statutes.

Sincerely,

Russell Nelson
Director
Division of Marine Fisheries