

DOCUMENT # N98000002648

1. Entity Name

THE FLORIDA FOUNDATION FOR RESPONSIBLE ANGLING.

APPROVED AND FILED

00 AUG 29 AM 11:02

SECRETARY OF STATE TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

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

2590 Executive Center Circle E.

3. Mailing Address

P.O. Box 15982

Suite, Apt. #, etc. Suite 204

Suite, Apt. #, etc.

City & State Tallahassee, FL

City & State Tallahassee, FL

4. FEI Number 59-3544654

Applied For Not Applicable

Zip 32301

Country USA

Zip 32317-5982

Country USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRAMER, ROBERT E 3900 COMMONWEALTH BLVD. TALLAHASSEE FL 32399-3000

7. Name and Address of New Registered Agent

Name Robert E. Kramer Street Address (P.O. Box Number is Not Acceptable) 2590 Executive Center Circle E., Suite 204 City Tallahassee FL Zip Code 32301

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 After September 13, 2000 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include Doug Haymans, Tom Putnam, Diane Peebles, Scott Nichols, Marsha Bierman, and Kaye Pierson. Includes checkboxes for Delete, Change, and Addition.

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: [Signature] ROBERT E. KRAMER 8/29/00 (850) 488-6058

CR2E037 (5/00)