

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 729808

1. Corporation Name

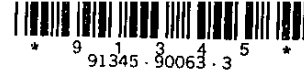
AIRBOAT AND HALFTACK CONSERVATION CLUB OF PALM BEACH COUNTY, INC.

Principal Place of Business
P O BOX 17038
WEST PALM BEACH FL 33416

Mailing Address
P O BOX 17038
WEST PALM BEACH FL 33416

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90063 003 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

05/30/1974

4. FEI Number

NOT APPLICABLE

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

AMENDOLA, MICHAEL J.
224 DATURA ST., SUITE 316
W. PALM BEACH FL 33409

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WALLACE, BILL	
STREET ADDRESS	1818 AUSTRALIAN AVE., SUITE 400	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PALMER, ALAN	
STREET ADDRESS	5200 JEFFERY LANE	
CITY-ST-ZIP	MANGONIA PARK FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	STOSSEL, MICHAEL	
STREET ADDRESS	12351 59TH ST N	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DOWNS, BOB	
STREET ADDRESS	13755 48TH COURT, NORTH	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DEBROWSKI, MARCY	
STREET ADDRESS	12085 ACAPULCO AVENUE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MITZELFELD, CHARLES	
STREET ADDRESS	17160 41ST RD N	
CITY-ST-ZIP	LOXAHATCHEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hoefs, Richard F.	
1.3 STREET ADDRESS	17245 41st Rd. N.	
1.4 CITY-ST-ZIP	Loxahatchee, Fl. 33470	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kennedy, Bryan Lee	
2.3 STREET ADDRESS	13171 88 Pl. N.	
2.4 CITY-ST-ZIP	West Palm Bch. Fl. 33412	
3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Goddard III, Curtis O.	
3.3 STREET ADDRESS	719 Mercury St.	
3.4 CITY-ST-ZIP	West Palm Bch. Fl. 33406	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Vollgrebe, Faith	
4.3 STREET ADDRESS	P.O. Box 15816	
4.4 CITY-ST-ZIP	West Palm Bch. Fl. 33416	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Creasman, John R.	
5.3 STREET ADDRESS	3871 147th Ave. N.	
5.4 CITY-ST-ZIP	Loxahatchee, Fl. 33470	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-99

561-833-2461

CR2E037 (11/98)

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