FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

CITY - ST - ZIP

DOCUI 1. Corporatio	MENT # 700584	4 (6)			
ANNA MARIA ISLAND COMMUNITY CENTER, INC. Principal Place of Business Mailing Address					
407 MAGNOLIA PO BOX 253 ANNA MARIA F		P.O. BOX 253 Anna Maria Fl. 34216		3. Date Incorporated or Qualified 03/07/1960 4. FEI Number Applied For	
				59-6166231 Not Applicable	
2. Principal P	lace of Business	2a. Mailing Address 26		5. Certificate of Status Desired \$8.75 Additional Fee Regulred	
Suite, Apt.	#, elc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be	
22		27		Trust Fund Contribution Added to Fees	
City & State	0	City & State		7. Is this nonprofit corporation a homeowners association?	
Zip	Country	28	Country	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	Personal Property Tax due June 30.	
	9. Name and Address of Curren	t Registered Agent	271	10. Name and Address of New Registered Agent	
			81 Name	Kenneth A. Price Jr.	
BOWES, GERALD J. 543 67TH STREEY		62 Street Add	dress (P.Q. Box Number is Nor Acceptable)		
	N STREET S BEACH FL 34217		63	40000	
TIOLINE	DENOTITE STATE		94 Oit	MOIMUS DUGCT	
			84 City	FL 85 39/00 17	
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.					
agent. I a	m familiar with, and accept the obliga	ations of, Section 617.0503, Flo	rida Statutes.	4-111-98	
	Signature, typed of printed flame of registered oper	ot and title if applicable (NOTE	Registered Agent signature requ	uited when reinstalloo)	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	DELETE	1.1 TITLE (Change	
NAME	BOWES, GERALD J		1.2 NAME	Kenneth A. Price IT.	
STREET ADDRESS	543 67TH STREET		1.3 STREET ADDRESS	319 X54 St.	
CITY-ST-ZIP	HOLMES BEACH FL 34217	☐ DELETE	1,4 CITY-ST-ZIP	Holmes Born Fr 3 Undano MAddition	
TITLE	VCD	L DELETE	2.1 TITLE	11011100 100 1001 1 1 5 400 miles	
NAME STREET ADDRESS	Bobo, J. Allen 630 Emerald Lane		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLMES BCH. FL 34217		2.4 CITY+ST-ZIP		
TITLE	TD	DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME	LOKEN, LINDA		3.2 NAME		
STREET ADORESS	320 TARPON		3.3 STREET ADDRESS		
CITY - ST - ZIP	ANNA MARIA FL 34216		3.4. CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME	SHOOK, YVONNE		4. 2 NAME		
STREET ADORESS	515 KUMQUAT DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	ANNA MARIA FL 34216	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	☐ Change ☐ Addition	
NAME		L. Detter	5.2 NAME	The August August 1	
STREET ADORESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		

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 supplied entered 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 repeiver 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.

Kenneth A. Price Jr. 4-14-78 941-741-3900

FILED

Apr 23 1998 8:00am

Secretary of State