FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 706954 (5)

1. Corporation Name

SARASOTA COUNTY ANGLERS CLUB, INC.

Principal Place of Business	Mailing Address
400 SINCLAIR DR. SARASOTA FL 34240	400 SINCLAIR DR. SARASOTA FL 34240

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 03/09/1964
3a. Date of Last Report: 03/01/1994
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HART, DENNIS F. 400 SINCLAIR DR. SARASOTA FL 35240	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Dennis F. Hart — 4/28/95
Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE		☐ Change ☐ Addition
NAME	SULLIVAN, PAUL	1.2 NAME		
STREET ADDRESS	4858 GREYWOOD LANE	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 00000	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	HART, DENNIS F.	2.2 NAME		
STREET ADDRESS	400 SINCLAIR DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 00000	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	TUSH, ALEDIA	3.2 NAME		
STREET ADDRESS	6701 AVENUE B	3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 00000	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	~~HURST, EDWARD~~	4.2 NAME	DENNIS KOWAL, JR.	
STREET ADDRESS	~~914 MIDNIGHT PASS RD.~~	4.3 STREET ADDRESS	508 S. OSPREY AVE	
CITY-ST-ZIP	~~SARASOTA, FL 00000~~	4.4 CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	VPD	5.1 TITLE		☐ Change ☐ Addition
NAME	DURRANCE, JEFFRI	5.2 NAME		
STREET ADDRESS	114 DADE AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	SHROCK, BRUCE	6.2 NAME	BRUCE SHROCK	
STREET ADDRESS	~~715 MANO AVENUE~~	6.3 STREET ADDRESS	4603 SLOAN AVE.	
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	SARASOTA, FL 34233	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Dennis F. Hart — 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083795