FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

706954

(5)

SARASOTA COUNTY ANGLERS CLUB, INC.					
Principal Place	of Business	Mailing Address		- I SOOMIN SOURT OUTSE DISTRICT ONLINE	LIND BYMAN DIONI MINNI MYDYY DIONI DYBYY IMDI
400 SINCLAIR DR. 400 SINCLAIR DR. SARASOTA FL 34240-8380					
				3. Date Incorporated or Qualified 03/09/1964	3a. Date of Last Report 03/02/1996
⊢	ace of Business	2a. Mailing Address		4. FEI Number NOT APPLICABLE	Applied For
Suite, Apt. (# etc	Suite, Apt. #, etc.		TOT AT LIONDEE	Not Applicable S8.75 Additional
00		27		5. Certificate of Status Desired	Fee Required
City & State)	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25		30		Yes No
ļ	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Re	pistered Agent
UART C	NEMAIIO E				
HART, DENNIS F. 400 SINCLAIR DR.			82 Street Addr	ress (P.O. Box Number is Not Acceptab	le)
	SARASOTA FL 35240				
J. JAHAGE	IN I E OVETO		0.5		last 7 Octo
			84 City		FL 85 Zip Code
11. Pursuant to office or reagent. I a	o the provisions of Sections 617.05 pointered agent, or both, in the State of amiliar with, and accept the oblic	02 and 617.1508, Florida Statuter e of Florida, Such change was au gations of Section 617.0503, Flor	s, the above-named corp uthorized by the corporati ida Statutes.	poration submits this statement for the p lion's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
	Signature whed or printed name of registered ag		Registered Agent signature requir		DATE
12.	SD OFFICERS AF	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	SULLIVAN, PAUL	LL OCCUP	1.2 NAME		Call County Call Andrews
STREET ADDRESS	4858 GREYWOOD LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 00000		1.4 CiTY+ST-ZIP		
TIFLE	PD	☐ DELETE	2.1 TITLE		Change Addition
NAME	HART, DENNIS F.		2.2 NAME		
STREET ADDRESS	400 SINCLAIR DR.		2.3 STREET ADDRESS		
CHY-ST-ZIP	SARASOTA, FL 00000	☐ DELETE	2.4 CITY-ST-ZIP		Change Addition
NAME	td Tush, Aledia	L) VILLE	3.1 TITLE 3.2 NAME		Li prende Li vocitori
STREET ADORESS	6701 AVENUE B		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 00000		3.4. CITY-ST-ZIP		
THLE	D	DELETE	4.1 TITLE		Change Addition
NAME	KOWAL, JR D		4. 2 NAME		·
STREET ADDRESS	508 S. OSPREY AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP		
TITLE	VPD	DELETE	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	DELETE	5.4 CITY - ST - ZIP		Change Addition
TITLE	D SHROCK, BRUCE	FT ACTUR	6.1 TITLE		Change Addition
NAME STREET ADDRESS	4803 SLOAN AVE		6.2 NAME 6.3 STREET ADDRESS		
CITY ST-7IP	SARASOTA FL		6.3 STREET ADDRESS		

14. I do 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 dhanged, or on an attachment with an address.

SIGNATURE:

Dale

Daytime Phone # 0063603

FILED

May 20 1997 8:00am

Secretary of State