

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 02 1996 8:00am
Secretary of State

DOCUMENT # 706954 (5)

1. Corporation Name

SARASOTA COUNTY ANGLERS CLUB, INC.

Principal Place of Business

400 SINCLAIR DR.
SARASOTA FL 34240

Mailing Address

400 SINCLAIR DR.
SARASOTA FL 34240

3. Date Incorporated or Qualified
03/09/1964

3a. Date of Last Report
05/01/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HART, DENNIS F.
400 SINCLAIR DR.
SARASOTA FL 34240

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

Dennis F. Hart

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

SD
NAME SULLIVAN, PAUL
STREET ADDRESS 4858 GREYWOOD LANE
CITY-ST-ZIP SARASOTA, FL 00000

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE

PD
NAME HART, DENNIS F.
STREET ADDRESS 400 SINCLAIR DR.
CITY-ST-ZIP SARASOTA, FL 00000

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE

TD
NAME TUSH, ALEDIA
STREET ADDRESS 8701 AVENUE B
CITY-ST-ZIP SARASOTA, FL 00000

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE

D
NAME KOWAL, JR D
STREET ADDRESS 508 S. OSPREY AVE
CITY-ST-ZIP SARASOTA FL

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE

VPD
NAME DURRANCE, JEFFRI
STREET ADDRESS 114 DADE AVENUE
CITY-ST-ZIP SARASOTA FL

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE

D
NAME SHROCK, BRUCE
STREET ADDRESS 4803 SLOAN AVE
CITY-ST-ZIP SARASOTA FL

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (12/95)