

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712448 (0)

1. Corporation Name

ORGANIZED FISHERMEN OF FLORIDA, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 AM 9:21

Principal Place of Business

Mailing Address

476 HWY A1A
SUITE 3-A
SATELLITE BEACH FL 32937

PO BOX 740
MELBOURNE FL 32902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1967

3a. Date of Last Report

01/31/1994

4. FEI Number

59-1234446

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANSOM, JERRY
1343 N. A1A APT. 5C
SATELLITE BEACH FL 32937

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

Signature of person named as registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/2/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ADAMS, TIM
STREET ADDRESS 428 S.W. MAPLE ST.
CITY-ST-ZIP SEBASTIAN FL

1.1 TITLE VD
1.2 NAME Perry McMahon
1.3 STREET ADDRESS 1890 Cox Road
1.4 CITY-ST-ZIP Cocoa. FL 32926 ☒ Change ☐ Addition

TITLE TD
NAME JOHNS, JAMES
STREET ADDRESS 8035 BAYHAVEN DRIVE
CITY-ST-ZIP SEMINOLE FL

2.1 TITLE TD
2.2 NAME Bob Gill
2.3 STREET ADDRESS 12645 W Fort Island Trail
2.4 CITY-ST-ZIP Crystal River, FL 32629 ☒ Change ☐ Addition

TITLE V
NAME DAVIS, MIKE
STREET ADDRESS 1800 PINEY POINT RD
CITY-ST-ZIP CEDAR KEY FL

3.1 TITLE PD
3.2 NAME Mike Davis
3.3 STREET ADDRESS 1800 Piney Point Road
3.4 CITY-ST-ZIP Cedar Key. FL 32625 ☒ Change ☐ Addition

TITLE VD
NAME MORROW, JIM
STREET ADDRESS RT. 1 BOX 370
CITY-ST-ZIP E. PALATKA FL

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

TITLE VD
NAME NICHOLS, GARY II
STREET ADDRESS 146 VENETIAN DRIVE
CITY-ST-ZIP ISLAMORADA FL

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

TITLE VD
NAME TAYLOR, MARK
STREET ADDRESS 3008 20TH AVE W
CITY-ST-ZIP BRADENTON FL

6.1 TITLE VD
6.2 NAME Janie Thomas
6.3 STREET ADDRESS 4272 Nassau River Road
6.4 CITY-ST-ZIP Fernandina Beach, FL 32034 ☒ 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/95

904-543-5133