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

DOCUMENT # **712448** **(0)**

1. Corporation Name

ORGANIZED FISHERMEN OF FLORIDA, INC.

Principal Place of Business	Mailing Address
476 HWY A1A SUITE 3-A SATELLITE BEACH FL 32937	PO BOX 740 MELBOURNE FL 32902

3. Date Incorporated or Qualified: **03/20/1967**

3a. Date of Last Report: **03/09/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	MCMAHON, PERRY		12 NAME		
STREET ADDRESS	1890 COX ROAD		13 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL		14 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	GILL, BOB		22 NAME		
STREET ADDRESS	12645 W FORT ISLAND TRAIL		23 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL		24 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	DAVIS, MIKE		32 NAME		
STREET ADDRESS	1800 PINEY POINT ROAD		33 STREET ADDRESS		
CITY-ST-ZIP	CEDAR KEY FL		34 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	MORROW, JIM		42 NAME		
STREET ADDRESS	RT. 1 BOX 370		43 STREET ADDRESS		
CITY-ST-ZIP	E. PALATKA FL		44 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	NICHOLS, GARY II		52 NAME		
STREET ADDRESS	146 VENETIAN DRIVE		53 STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA FL		54 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	THOMAS, JANIE		62 NAME		
STREET ADDRESS	4272 NASSAU RIVER ROAD		63 STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH FL		64 CITY-ST-ZIP		

CR2E037 (12/95)

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: _____ 1/19/96 904-543-5133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #