FILE NOW: FILING FEE IS $61.25

FILED
Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

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 _____ 1/23/98
Signature, typed 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	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COX, GEOFF		1.2 NAME		
STREET ADDRESS	875 PINE ISLAND RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GILL, BOB		2.2 NAME		
STREET ADDRESS	12645 W FORT ISLAND TRAIL		2.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DUSNON, MARTIN		3.2 NAME		
STREET ADDRESS	P.O. BOX 26 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	POMONA PARK FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DIXON, TIM		4.2 NAME		
STREET ADDRESS	P.O. BOX 243 N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	PLACIDA FL		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NICHOLS, GARY II		5.2 NAME		
STREET ADDRESS	146 VENETIAN DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA FL		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, JANIE		6.2 NAME		
STREET ADDRESS	4272 NASSAU RIVER ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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 changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED 1/15/98 (305) 604-8358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #