FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR -9 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **712448**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/20/1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1234446 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 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	COX, GEOFF		12 NAME	
STREET ADDRESS	875 PINE ISLAND RD.		13 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND 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	V	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	DUSNON, MARTIN		32 NAME	
STREET ADDRESS	P.O. BOX 26 N/A		33 STREET ADDRESS	
CITY-ST-ZIP	POMONA PARK FL		34 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	DIXON, TIM		42 NAME	
STREET ADDRESS	P.O. BOX 243 N/A		43 STREET ADDRESS	
CITY-ST-ZIP	PLACIDA FL		44 CITY-ST-ZIP	
TITLE	P	☐ 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	

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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, with all other like empowered.

SIGNATURE: Gary D. Nichols II Gary D. Nichols II 2/19/99 305-664-8358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)