FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:30

DOCUMENT # 713315 (0)

1. Corporation Name
VERO BEACH ANGLERS CLUB INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 365 VERO BEACH FL 32961-0365	POST OFFICE BOX 365 VERO BEACH FL 32961-0365

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/06/1967
3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-1818291 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

IACCARINO, FRANK
351 GROVE ISLE CIR
VERO BEACH FL 32962

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 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 _____ 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	IACCARINO, FRANK	1.2 NAME	
STREET ADDRESS	351 GROVE ISLE CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☑ Change ☐ Addition
NAME	WEBB, CHARLES	2.2 NAME	VD MAIER, ARTHUR
STREET ADDRESS	715 TIDES RD	2.3 STREET ADDRESS	8716 8TH ST
CITY-ST-ZIP	VERO BCH FL	2.4 CITY-ST-ZIP	VERO BEACH FL 32966
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	GULOWSEN, WILFRED	3.2 NAME	
STREET ADDRESS	2520 45 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	SD ☑ Change ☐ Addition
NAME	MAIER, ARTHUR	4.2 NAME	HAWK, EARL
STREET ADDRESS	8716 8TH ST	4.3 STREET ADDRESS	835 18TH APT 409
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	VERO BEACH FL 32960
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: Frank V Iaccarino - Pres. 2/1/95 (407) 569-7030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
FRANK V IACCARINO

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