

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**09/06/1967**

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. 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

10. Name and Address of New Registered Agent

81 Name

**ED J. CARR**

82 Street Address (P.O. Box Number is Not Acceptable)

**1141 INDIAN MOUND TRAIL**

83

84 City

**VERO BEACH**

**FL**

85 Zip Code

**32963**

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

**ED J. CARR - PRES.**

**1/30/98**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAWK, EARL	
STREET ADDRESS	4445 11TH PLACE SW	
CITY-ST-ZIP	VERO BCH FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARCH, WILLIAM	
STREET ADDRESS	150 NEBRASKA CIRCLE	
CITY-ST-ZIP	SEBASTIAN FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	BALSAN, MICHAEL	
STREET ADDRESS	3939 OCEAN DR, 501-A	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHAAFSMA, ANDREW	
STREET ADDRESS	1580 CROWBERRY LANE	
CITY-ST-ZIP	SEBASTIAN FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ED CARR	
1.3 STREET ADDRESS	1141 INDIAN MOUND TRAIL	
1.4 CITY-ST-ZIP	VERO BEACH FL. 32963	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	AL HENRI	
2.3 STREET ADDRESS	11 TOSCA ST	
2.4 CITY-ST-ZIP	FORT PIERRE FL. 34951	

3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MATT BYSTERY	
3.3 STREET ADDRESS	1645 SHUCKERS PT.	
3.4 CITY-ST-ZIP	VERO BEACH, FL. 32963	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: **MATT BYSTERY TO** **1/30/98** **561-231-7896**

CR2E037 (10/97)