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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90173 037 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713315

1. Corporation Name

VERO BEACH ANGLERS CLUB INC.

Principal Place of Business

POST OFFICE BOX 365
VERO BEACH FL 32961-0365

Mailing Address

POST OFFICE BOX 365
VERO BEACH FL 32961-0365


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/06/1967	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1818291	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

CARR, ED J.
1141 INDIAN MOUND TRAIL
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, ED J.	1.2 NAME	
STREET ADDRESS	1141 INDIAN MOUND TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL 32963	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VICE PRESIDENT VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRI, AL	2.2 NAME	RAY IMBRO
STREET ADDRESS	11 TOSCA ST	2.3 STREET ADDRESS	1036 ORCHID DR.
CITY-ST-ZIP	FORT PIERCE FL 34951	2.4 CITY-ST-ZIP	VERO BEACH FL. 32942
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYSTRY, MATT	3.2 NAME	
STREET ADDRESS	1645 SHUCKERS PT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32963	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	SECRETARY SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAAFSMA, ANDREW	4.2 NAME	DICK HENNESSY
STREET ADDRESS	1580 CROWBERRY LANE	4.3 STREET ADDRESS	1140 LEEWARD LANE
CITY-ST-ZIP	SEBASTIAN FL	4.4 CITY-ST-ZIP	VERO BEACH FL. 32943
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATT BYSTRY

1-18-99

561-231-7896

Date

Daytime Phone #

CR2E037 (11/98)