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Jan 23, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

01-23-1999 90010 033 *****61.25

DOCUMENT # 717836

1. Corporation Name

BREAM FISHERMEN ASSOCIATION, INC.

Principal Place of Business

1615 E. LARUA
PENSACOLA FL 32501
US

Mailing Address

P O BOX 4935
PENSACOLA FL 32507



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/05/1970

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
23-7085647

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOWERY, CHARLES A.
4041 N HWY 99
CENTURY FL 32535

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 *Charles A. Lowery*
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 DT DELETE
NAME RUSSELL, DAN H.
STREET ADDRESS 9895 S LOOP RD
CITY-ST-ZIP PENSACOLA FL 32507

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME BROWN, J D
STREET ADDRESS 400 COLBERT AVE
CITY-ST-ZIP PENSACOLA FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD DELETE
NAME HIXSON, W CARROLL
STREET ADDRESS 30497 HIXSON RD
CITY-ST-ZIP ELBERTA AL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME TURNIPSEED, GENE T
STREET ADDRESS 5600 TRAFALGAR DR
CITY-ST-ZIP PENSACOLA FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE PD DELETE
NAME LOWERY, CHARLES A
STREET ADDRESS 4041 N HIGHWAY 99
CITY-ST-ZIP CENTURY FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME MATHIS, FEROL B
STREET ADDRESS 3920 DUNWOODY DR
CITY-ST-ZIP PENSACOLA FL

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

Charles A. Lowery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 JAN 1999
Date

334 967-2500
Daytime Phone #

CR2E037 (1/198)