

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 722636 (8)

1. Corporation Name
FISHERS OF MEN, INC.



Principal Place of Business: 100 CARONE LANE, SANTA ROSA BEACH FL 32459 US
Mailing Address: 100 CARONE LANE, SANTA ROSA BEACH FL 32459 US

3. Date Incorporated or Qualified: 02/09/1972
3a. Date of Last Report: 05/01/1995
4. FEI Number: 23-7152930
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

SIMPSON DAVID
909 MARWALT DRIVE
SUITE 1024
FT WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

81 Name: **NEWMAN, RAYMOND F., JR.**
82 Street Address (P.O. Box Number is Not Acceptable): ~~650 Country Club Ave.~~
83 **150 Eglin Parkway, NE**
84 City: **FT. WALTON BEACH** FL 85 Zip Code: **32548**

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

3-1-96
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/> DELETE
NAME	YOUNG, TOM	
STREET ADDRESS	15 RUE CARIBE	
CITY-ST-ZIP	DESTIN FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCWHORTER, JOHN	
STREET ADDRESS	225 JOY LANE	
CITY-ST-ZIP	SANTA ROSA BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BUSH, DAVID	
STREET ADDRESS	4 CHICKAMAUGA LN	
CITY-ST-ZIP	DESTIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDREE, MARTIN E	
STREET ADDRESS	317 SUDDUTH CIRCLE	
CITY-ST-ZIP	FT WALTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIMPSON, DAVID	
STREET ADDRESS	9 MEIGS DRIVE	
CITY-ST-ZIP	SHALIMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HESSE, MICHAEL	
STREET ADDRESS	504 MAIN ST	
CITY-ST-ZIP	DESTIN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	Newman, Raymond F., Jr.		
1.3 STREET ADDRESS	650 Country Club Ave		
1.4 CITY-ST-ZIP	Ft Walton Beach, FL 32547		
2.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	Maney, T. Patterson		
2.3 STREET ADDRESS	4 Fulmar Court		
2.4 CITY-ST-ZIP	Ft. Walton Beach, FL 32548		
3.1 TITLE	Delete D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	WATERS, Edmond		
4.3 STREET ADDRESS	6 Tomahawk Court		
4.4 CITY-ST-ZIP	Destin, FL 32541		
5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
5.2 NAME	COX, ROBERT E.		
5.3 STREET ADDRESS	508 MAIN ST.		
5.4 CITY-ST-ZIP	Destin, FL 32541		
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 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)(k), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-96
Date
832-8131
Daytime Phone #

CR2E037 (12/95)