

# 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

Mailing Address

**100 CARONE LANE  
SANTA ROSA BEACH FL 32459  
US**

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SANTA ROSA BEACH FL 32459  
US**

3. Date Incorporated or Qualified  
**02/09/1972**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**23-7152930**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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]*

(NOTE: Registered Agent signature required when reinstating)

**3-1-96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **P**  
STREET ADDRESS **YOUNG, TOM**  
CITY-ST-ZIP **15 RUE CARIBE**  
**DESTIN FL**

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **D**  
1.3 STREET ADDRESS **NEWMAN, Raymond F., Jr.**  
1.4 CITY-ST-ZIP **650 Country Club Ave**  
**FT Walton Beach, FL 32547**

TITLE ☐ DELETE  
NAME **VD**  
STREET ADDRESS **MCWHORTER, JOHN**  
CITY-ST-ZIP **225 JOY LANE**  
**SANTA ROSA BCH FL**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **D**  
2.3 STREET ADDRESS **MANEY, T. Patterson**  
2.4 CITY-ST-ZIP **4 Fulmar Court**  
**FT. Walton Beach, FL 32548**

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **BUSH, DAVID**  
CITY-ST-ZIP **4 CHICKAMAUGA LN**  
**DESTIN FL**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **Delere D**  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **ANDREE, MARTIN E**  
CITY-ST-ZIP **317 SUDDUTH CIRCLE**  
**FT WALTON FL**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **D**  
4.3 STREET ADDRESS **WATERS, Edmond**  
4.4 CITY-ST-ZIP **6 Tomahawk Court**  
**Destin, FL 32541**

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **SIMPSON, DAVID**  
CITY-ST-ZIP **9 MEIGS DRIVE**  
**SHALIMAR FL**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **D**  
5.3 STREET ADDRESS **COX, ROBERT E.**  
5.4 CITY-ST-ZIP **508 MAIN ST.**  
**Destin, FL 32541**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **HESSE, MICHAEL**  
CITY-ST-ZIP **504 MAIN ST**  
**DESTIN FL**

6.1 TITLE ☐ Change ☐ 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)