

DOCUMENT # 722636

1. Entity Name

FISHERS OF MEN, INC.

Principal Place of Business

307 HWY 98 E
DESTIN FL 32541
US

Mailing Address

P.O. BOX 338
DESTIN FL 32540

2. Principal Place of Business

151 Racons Drive

3. Mailing Address

PO Drawer 5889

Suite, Apt. #, etc.

1 A

Suite, Apt. #, etc.

City & State

Destin FL

City & State

Destin FL

Zip

32541

Country

USA

Zip

32540

Country

USA

4. FEI Number

23-7152930

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEWMAN, RAYMOND F. JR.
348 MIRACLE STRIP PARKWAY, SW
SUITE 7
FT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SANSOM, JERRY	
STREET ADDRESS	1534 OAKSHORE DR	
CITY-ST-ZIP	GULF BREEZE FL 32561	

TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, BETTY	
STREET ADDRESS	427 CALHOUN AVE	
CITY-ST-ZIP	DESTIN FL 32541	

TITLE	T	<input type="checkbox"/> Delete
NAME	BUSH, DAVID	
STREET ADDRESS	4 CHICKAMAUGA LN	
CITY-ST-ZIP	DESTIN FL 32541	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ATCHLEY, CAROL	
STREET ADDRESS	484 BAYSHORE DR	
CITY-ST-ZIP	DESTIN FL 32541	

TITLE	D	<input type="checkbox"/> Delete
NAME	FRASER, KEN	
STREET ADDRESS	70 DRISCOLL DR	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	

TITLE	D	<input type="checkbox"/> Delete
NAME	HESSE, MICHAEL	
STREET ADDRESS	504 MAIN ST	
CITY-ST-ZIP	DESTIN FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD Tom Waddrop	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	462 Bayshore Drive	
STREET ADDRESS	Destin FL 32541	
CITY-ST-ZIP		

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

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

TITLE	SD Tommy Taylor	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	235 Calhoun Ave	
STREET ADDRESS	Destin FL 32541	
CITY-ST-ZIP		

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

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

12. 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 report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90068 031 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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