

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90185 026 ****61.25

DOCUMENT # 722636

1. Entity Name

FISHERS OF MEN, INC.



Principal Place of Business

**151 REGIONS DRIVE, 1A
DESTIN FL 32541
US**

Mailing Address

**P O DRAWER 5889
DESTIN FL 32540**

11014217



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**151 Regions Way
Suite, Apt. #, etc.
1-A**

3. Mailing Address

**PO Box 849
Suite, Apt. #, etc.**

City & State

Destin FL

City & State

Destin FL

4. FEI Number **23-7152930**

Applied For
Not Applicable

Zip
32541

Country
USA

Zip
32540

Country
USA

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 **John S Hayslip**
Street Address (P.O. Box Number is Not Acceptable)
151 Regions Way SUITE 1-A
City **Destin** FL Zip Code **32541**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE John S. Hayslip John S. Hayslip **4-23-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO BOWLING, GEORGE 940 HWY 98 E # 43 DESTIN FL 32541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEWITT, FRED 946 CHOCTAWHATCHEE DR NICEVILLE FL 32578	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUSH, DAVID 4 CHICKAMAUGA LN DESTIN FL 32541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWELL, RICHARD 821 BROOK STREET FORT WALTON BEACH FL 32-5487	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Drs FRASER, KEN 70 DRISCOLL DR SANTA ROSA BEACH FL 32459	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESSE, MICHAEL 504 MAIN ST DESTIN FL	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO BOWLING, GEORGE 304 Holly St. Destin, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD John S Hayslip, John S 3891 Mesa Rd. Destin, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: John S. Hayslip **JOINED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 **(850) 837-6322**
Date Daytime Phone #

CR2E037 (10/02)