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 # **727077** **(0)**

1. Corporation Name

FLORIDA FLY ROD CLUB, INC.

Principal Place of Business	Mailing Address
150-D FORTENBERRY ROAD P.O. BOX 1766 MERRITT ISLAND FL 32952-3411	150-D FORTENBERRY ROAD P.O. BOX 1766 MERRITT ISLAND FL 32952-3411

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 07/31/1973	3a. Date of Last Report: 04/11/1995
21	26	4. FEI Number: 59-3020496	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

STAHLEY, EDWARD L.
150-D FORTENBERRY ROAD
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☑ DELETE	1.1 TITLE	P	☐ Change ☐ Addition
NAME	JENKINS, RED		1.2 NAME	GLENN MCCALLISTER	
STREET ADDRESS	201 SALDON LANE		1.3 STREET ADDRESS	262 E. MERRITT IS. Cwsy #19	
CITY-ST-ZIP	COCOA FL		1.4 CITY-ST-ZIP	MERRITT IS. FL 32952	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STAHLEY, EDWARD L		2.2 NAME		
STREET ADDRESS	150-D FORTENBERRY RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 00000		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, RON		3.2 NAME		
STREET ADDRESS	995 NEWFOUND HARBOR DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL		3.4 CITY-ST-ZIP		
TITLE	VD	☑ DELETE	4.1 TITLE	Bill Turner VD	☐ Change ☐ Addition
NAME	MCCALLISTER, GLENN		4.2 NAME		
STREET ADDRESS	262 E. MERRITT ISLAND CAUSEWAY SUITE 19		4.3 STREET ADDRESS	2440 Raintree Circle	
CITY-ST-ZIP	MERRITT ISLAND FL		4.4 CITY-ST-ZIP	Merritt Is. FL. 32952	
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, DICK		5.2 NAME		
STREET ADDRESS	630 HERON DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: William R. Taylor William R. Taylor 2/7/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

E037 (12/95)