

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 729808 (6)

1. Corporation Name

**AIRBOAT AND HALFTRACK CONSERVATION CLUB OF PALM
BEACH COUNTY, INC.**

Principal Place of Business

P O BOX 17038
WEST PALM BEACH FL 33416

Mailing Address

P O BOX 17038
WEST PALM BEACH FL 33416

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1974

3a. Date of Last Report

06/27/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐ \$0.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

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

AMENDOLA, MICHAEL J.
224 DATURA ST., SUITE 318
W. PALM BEACH FL 33409

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SULLIVAN, KENNETH
STREET ADDRESS	13660 49TH STREET, NORTH
CITY - ST - ZIP	ROYAL PALM BEACH FL
TITLE	VD
NAME	PALMER, ALAN
STREET ADDRESS	5200 JEFFERY LANE
CITY - ST - ZIP	MANGONIA PARK FL
TITLE	VD
NAME	SAVAGE, MICHAEL
STREET ADDRESS	9312 RODEO DRIVE
CITY - ST - ZIP	LAKE WORTH FL
TITLE	D
NAME	DOWNS, BOB
STREET ADDRESS	13755 48TH COURT, NORTH
CITY - ST - ZIP	ROYAL PALM BEACH FL
TITLE	S
NAME	GRICE, ROBERT
STREET ADDRESS	12334 167TH STREET, NORTH
CITY - ST - ZIP	JUPITER FL
TITLE	T
NAME	ANDREA, RICHARD
STREET ADDRESS	12334 77TH PL N.
CITY - ST - ZIP	ROYAL PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	VICE PRESIDENT
3.3 STREET ADDRESS	STOSSEL, MICHAEL
3.4 CITY - ST - ZIP	624 ASPEN RD WEST PALM BCH FL 33409
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	SECRETARY
5.3 STREET ADDRESS	BRYAN SWINK
5.4 CITY - ST - ZIP	17664 ORANGE GROVE BLVD LOXAHATCHEE FL 33470
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	TREASURER
6.3 STREET ADDRESS	MITZELFELD, CHARLES
6.4 CITY - ST - ZIP	17160 41ST RD N. LOXAHATCHEE FL 33470

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Typed Name)