

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 # 729989

(4)

1. Corporation Name

FLORIDA LEAGUE OF ANGLERS INC.



Principal Place of Business

Mailing Address

**534 NORTH YACHTSMAN DRIVE
PO BOX 1109
SANIBEL FL 33957**

**534 NORTH YACHTSMAN DRIVE
PO BOX 1109
SANIBEL FL 33957**

3. Date Incorporated or Qualified
06/19/1974

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-1930107

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

**STOPPELBEIN, M T
534 NORTH YACHTSMAN DRIVE
SANIBEL FL 33957**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	STOPPELBEIN, M T FRITZ	
STREET ADDRESS	534 NO YACHTSMAN DR	
CITY - ST - ZIP	SANIBEL, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BERNHARD, GERTRUDE	
STREET ADDRESS	PO BOX 4203, NA	
CITY - ST - ZIP	TEQUESTA, FL 0	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HERMANSON, JERRY	
STREET ADDRESS	6341 NE 20TH WAY	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GEYER, PAUL	
STREET ADDRESS	1016 26TH AVE	
CITY - ST - ZIP	VERO BCH, FL 00000	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	TURNER, EUGENE	
STREET ADDRESS	360 BELLE POINT DR	
CITY - ST - ZIP	ST PETERSBURG, FL 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BLUM J. S. A.	
STREET ADDRESS	2314 OAK DR.	
CITY - ST - ZIP	FT PIERCE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

M. T. Stoppelbein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
M. T. Stoppelbein, Sec. Treas.

2/15/96 941/472-2685

Date

Daytime Phone #

CR2E037 (12/95)