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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729989

1. Corporation Name

FLORIDA LEAGUE OF ANGLERS INC.

Principal Place of Business

534 NORTH YACHTSMAN DRIVE
PO BOX 1109
SANIBEL FL 33957

Mailing Address

534 NORTH YACHTSMAN DRIVE
PO BOX 1109
SANIBEL FL 33957



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/19/1974

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

9. Name and Address of Current Registered Agent

STOPPELBEIN, M T
534 NORTH YACHTSMAN DRIVE
SANIBEL FL 33957

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ST
NAME STOPPELBEIN, M T FRITZ
STREET ADDRESS 534 NO YACHTSMAN DR
CITY-ST-ZIP SANIBEL, FL 00000

TITLE VP
NAME BERNHARD, GERTRUDE
STREET ADDRESS PO BOX 4203, NA
CITY-ST-ZIP TEQUESTA, FL 0

TITLE VPD
NAME HERMANSON, JERRY
STREET ADDRESS 6341 NE 20TH WAY
CITY-ST-ZIP FT LAUDERDALE FL

TITLE VPD
NAME GEYER, PAUL
STREET ADDRESS 1016 26TH AVE
CITY-ST-ZIP VERO BCH, FL 00000

TITLE PTD
NAME TURNER, EUGENE
STREET ADDRESS 360 BELLE POINT DR
CITY-ST-ZIP ST PETERSBURG, FL 00000

TITLE VPD
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 ☐ 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
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

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

2/10/99

Date

941/472-2685

Daytime Phone #

CR2E037 (11/98)