

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 14 0:32

DOCUMENT # 734558 (0)

1. Corporation Name
OLD SALT FISHING CLUB, INC.

Principal Place of Business Mailing Address
4554 CENTRAL AVE SUITE M ST PETE FL 33711 US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **12/10/1975** 3a. Date of Last Report **07/21/1994**
4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **4980-52nd St. North** 26 **4980-52nd St. North**
22 **S** Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 **St. Petersburg, Florida** City & State 28 **St. Petersburg, Fl.** City & State
24 **33709** Zip 25 **Pinellas** County 29 **33709** Zip 30 **Pinellas** County

5. Certificate of Status Desired **\$8.75 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 **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 199 (1)(2) Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LISHEID, HANK
12440 CAPRI CIRCLE NO
TREASURE ISLAND FL 33708**

10. Name and Address of New Registered Agent
B1 Name **STEVEN E. FOX**
B2 Street Address (P.O. Box Number is Not Acceptable) **4980-52nd Street North**
B3
B4 City **St. Petersburg** FL B5 Zip Code **33709**

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 **STEVEN E. FOX TREASURER** DATE **06-15-95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	AUTENREITH, AL
STREET ADDRESS	4725 COVE CIR APT 811
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	D
NAME	LYNN SHELTON
STREET ADDRESS	5625 92ND AVE N
CITY - ST - ZIP	PINELLAS PARK FL
TITLE	T
NAME	LISHEID, HANK
STREET ADDRESS	12440 CAPRI CIRCLE NO
CITY - ST - ZIP	TREASURE ISLAND FL
TITLE	VP
NAME	MORGAN, TOM
STREET ADDRESS	109 19ST ST
CITY - ST - ZIP	BELAIRE BEACH FL
TITLE	P
NAME	ORANGE, BOB
STREET ADDRESS	3716 74 ST NO
CITY - ST - ZIP	ST PETE FL
TITLE	S
NAME	COOK, IRENE
STREET ADDRESS	2597 CRESCENT ST
CITY - ST - ZIP	LARGO 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	STEVEN E. FOX
3 3 STREET ADDRESS	4080-41 AVE North
3 4 CITY - ST - ZIP	St. Petersburg, Fl. 33714
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	Jim HASSON
5 3 STREET ADDRESS	6237-28th AVE. N.
5 4 CITY - ST - ZIP	St. Pete, Fl. 33713
6 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	MARK TERRES
6 3 STREET ADDRESS	7084 65th St. No.
6 4 CITY - ST - ZIP	Pinellas Park, Fl. 34665

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: **Steven E. Fox Treasurer** DATE **06-15-95** FILING # **347-5882**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/95)