FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:44

DOCUMENT # 739148 (5)

1. Corporation Name

THE GREATER DAYTONA BEACH STRIKING FISH TOURNAME NT, INC.

Principal Place of Business	Mailing Address
131 OLD CARRIAGE RD (PONCE INLET 32127) P.O.BOX 4888 S.DAYTONA FL 32127-6909	131 OLD CARRIAGE RD (PONCE INLET 32127) P.O.BOX 4888 S.DAYTONA FL 32127-6909

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/24/1977
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-2388183 ☐ 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
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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

BUMPASS, LINDA B.
131 OLD CARRIAGE RD
PONCE INLET FL 32127

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 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 Linda B. Bumpass Secretary/Director Linda B. Bumpass February 13, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	LENOIS, ROY	1.2 NAME	
STREET ADDRESS	3901 S. ATLANTIC AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILBUR BY THE SEA FL 32127	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	PASTOR, ERNIE	2.2 NAME	
STREET ADDRESS	108 POINT O'WOODS DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	BUMPASS, LINDA B	3.2 NAME	
STREET ADDRESS	131 OLD CARRIAGE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET FL 32127	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	TD ☑ Change ☐ Addition
NAME	MORGAN, LUCY	4.2 NAME	Crawford, Yvonne
STREET ADDRESS	134 CORAL CIRCLE	4.3 STREET ADDRESS	2900 Latera Drive
CITY-ST-ZIP	S. DAYTONA FL 32119	4.4 CITY-ST-ZIP	South Daytona, FL 32119
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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: Linda B. Bumpass Linda B. Bumpass February 13, 1995 (904) 767-8826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0023714