


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90189 001 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>			<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 739148</b>			
1. Corporation Name <b>THE GREATER DAYTONA BEACH STRIKING FISH TOURNAME NT, INC.</b>			
Principal Place of Business 2900 LANTERN DR SOUTH DAYTONA FL 32119 US		Mailing Address P.O. BOX 214888 SOUTH DAYTONA FL 32121-4888 US	



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 05/24/1977 4. FEI Number 59-2388183 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent CRAWFORD, YVONNE M 2900 LANTERN DRIVE SOUTH DAYTONA FL 32119				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			
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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 Yvonne M. Crawford Yvonne M. Crawford, Treasurer 4/19/99  
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	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MORGAN, PHILIP			1.2 NAME	Lenois, Roy		
STREET ADDRESS	707-M SAMMS AVE			1.3 STREET ADDRESS	9 Venetian Circle		
CITY-ST-ZIP	PORT ORANGE FL 32119			1.4 CITY-ST-ZIP	Daytona Beach, FL 32118		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GLYTWYN, GENE			2.2 NAME	Penny, Jerry		
STREET ADDRESS	1428 HARNDEN RD W			2.3 STREET ADDRESS	2832 S. Peninsula Dr.		
CITY-ST-ZIP	PORT ORANGE FL 32119			2.4 CITY-ST-ZIP	Daytona Beach, FL 32118		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HORN, JOANN			3.2 NAME	Horton, Doris		
STREET ADDRESS	1260 HARBOUR POINT DRIVE			3.3 STREET ADDRESS	9511 N.W. 6th Place		
CITY-ST-ZIP	PORT ORANGE FL			3.4 CITY-ST-ZIP	Gainesville, FL 32607		
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRAWFORD, YVONNE			4.2 NAME			
STREET ADDRESS	2900 LANTERN DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	SOUTH DAYTONA FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: Yvonne M. Crawford SIGNATURE REQUIRED, Treasurer 4/19/99 (904) 767-7164  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #