

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 739402**

1. Entity Name  
**FLORIDA DIVISION OF THE IZAAK WALTON LEAGUE OF  
AMERICA, INC.**



Principal Place of Business

**31 GARDEN COVE DR.  
KEY LARGO, FL 33037**

Mailing Address

**P. O. BOX 236  
HOMESTEAD, FL 33090 US**



02252008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0998701**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CHENOWETH, MICHAEL F  
31 GARDEN COVE DR.  
KEY LARGO, FL**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstating)

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

DATE  
03/12/08-80010-005 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
BERGQUIST, SARAH  
8741 CORKSCREW ROAD  
ESTERO, FL 33928**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
KEELER, CARL  
211 CHAUNCEY AVE. E  
BRANDENTON, FL 34208**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
MILLER, LLOYD  
27720 SW 197 AVE.  
HOMESTEAD, FL 33031**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
DAURAY, CHARLES  
8661 CORKSCREW ROAD  
ESTERO, FL 33928**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SKINNER, ROBERT  
2730 SW 3RD AVENUE-SUITE 205  
MIAMI, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PIERCE, PAMELA B  
31 GARDEN COVE DRIVE  
KEY LARGO, FL 33037**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Lloyd Miller** 2-28-08 (305) 247-4189