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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 APR 14 AM 9:19

DOCUMENT # **746802** **(8)**

1. Corporation Name
ANCIENT CITY GAME FISH ASSOCIATION, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 2001 ST AUGUSTINE FL 32085	POST OFFICE BOX 2001 ST AUGUSTINE FL 32085

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1979
3a. Date of Last Report: 06/22/1994
4. FEI Number: 59-6535399 ☐ 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

HALL, RICHARD M
261 CORNELL RD.
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name: Bert Walton
82 Street Address (P.O. Box Number is Not Acceptable): 613 DELESPINE AVE.
83:
84 City: ST. Augustine FL 85 Zip Code: 32095

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: Bert Walton — 3-29-95
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	P	1.1 TITLE	President	☒ Change ☐ Addition
NAME	HALL, RICHARD M	1.2 NAME	Bert Walton	
STREET ADDRESS	261 CORNELL RD.	1.3 STREET ADDRESS	613 DeLespine Ave.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	1.4 CITY-ST-ZIP	St. Aug. Fl. 32095	
TITLE	V	2.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	WALTON, BERT	2.2 NAME	James Manucy	
STREET ADDRESS	613 DELSPINE ST.	2.3 STREET ADDRESS	6381 W. Pine Cir.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32085	2.4 CITY-ST-ZIP	St. Aug. Fl. 32095	
TITLE	S	3.1 TITLE	S	☐ Change ☐ Addition
NAME	WRIGHT, CECILIA	3.2 NAME	Cecilia Wright	
STREET ADDRESS	300 ARREDONDO AVE.	3.3 STREET ADDRESS	300 Arredondo Ave.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	3.4 CITY-ST-ZIP	St. Aug. Fla. 32084	
TITLE	D	4.1 TITLE	D	☐ Change ☐ Addition
NAME	BLALOCK, JIM	4.2 NAME	Jim Blalock	
STREET ADDRESS	18 BARCELONA AVE.	4.3 STREET ADDRESS	18 Barcelona Ave.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	4.4 CITY-ST-ZIP	St Aug. Fla. 32084	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BURCHFIELD, DONALD	5.2 NAME	Joe Mason	
STREET ADDRESS	231 ESTRADA AVE.	5.3 STREET ADDRESS	2836 Kings Rd.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	5.4 CITY-ST-ZIP	St. Aug. Fla. 32086	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	ARSENAULT, GEORGE	6.2 NAME	Earl Remy	
STREET ADDRESS	2205 DOBBS RD.	6.3 STREET ADDRESS	306 Harvard Rd.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	6.4 CITY-ST-ZIP	St. Aug. Fla. 32086	

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: Bert Walton — 3-29-95 — 904-829-9281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028775