# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # 751055 (5)

1. Corporation Name

**WAKULLA COMMERCIAL FISHERMEN'S ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 672<br>PANACEA FL 32346 | P.O. BOX 672<br>PANACEA FL 32346 |

| | |
|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

3. Date Incorporated or Qualified: 02/14/1980
3a. Date of Last Report: 07/26/1995
4. FEI Number: 59-2904994 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

HUTTON, LINDA
HIGHWAY 98
PANACEA FL 32346

**10. Name and Address of New Registered Agent**

81 Name: RONALD FRED CRUM
82 Street Address (P.O. Box Number is Not Acceptable): HIGHWAY 98 P.O. BOX 145
83: PANACEA, FL 32346
84 City: FL 85 Zip Code:

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: RONALD FRED CRUM, REGISTERED AGENT — DATE: 4-30-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>RANKIN, ALLAN<br>HWY 98<br>PANACEA FL 32346 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | PRESIDENT<br>RONALD FRED CRUM<br>HWY 98 P.O. BOX 145<br>PANACEA, FL 32346 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>NICHOLAS, CLARK<br>P.O. BOX 6 N/A<br>SPOCHOPPY FL 32358 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | SAME | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>DAVIS, KIM P<br>P.O. BOX 757 N/A<br>PANACEA FL 32346 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | SECRETARY<br>RHONDA PLOUFFE<br>P.O. BOX 748<br>PANACEA, FL 32346 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SPEARS, MARSHALL<br>ROUTE 1 BOX 3670<br>CRAWFORDVILLE FL 32327 | ☒ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | TREASURER<br>MARY HELEN PORTER<br>HWY 98<br>PANACEA, FL 32346 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TAFF, CARLOS<br>RT 3, BOX 5076<br>CRAWFOERDVILLE FL 32327 | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | SAME | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PORTER, RAYMOND<br>HWY 98<br>PANACEA FL 32346 | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | SAME | ☐ Change ☐ Addition |

CR2E037 (12/95)

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:** RHONDA PLOUFFE — 4-29-96 — 984-5501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #