FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State
03-16-1999 90128 007 ****70.00

0009292

DOCUMENT # 751055

1. Corporation Name
WAKULLA COMMERCIAL FISHERMEN'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 672 PANACEA FL 32346	P.O. BOX 672 PANACEA FL 32346

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

3. Date Incorporated or Qualifed: 02/14/1980
4. FEI Number: 59-2904994 ☐ Applied For ☐ Not Applicable
5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

RONALD FRED CRUM
HIGHWAY 98
P. O. BOX 145
PANACEA FL 32346

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 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 Mary Helen Porter 3-17-99
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	P	☒ DELETE	1.1 TITLE	P	☐ Change ☐ Addition
NAME	WARD, KEITH		1.2 NAME	Crum, Ronald F.	
STREET ADDRESS	P. O. BOX 104 N/A		1.3 STREET ADDRESS	P.O. Box 145 N/A	
CITY-ST-ZIP	ST. MARKS FL 32355		1.4 CITY-ST-ZIP	Panacea, Fl 32346	
TITLE	VP	☒ DELETE	2.1 TITLE	V.P.	☐ Change ☐ Addition
NAME	CRUM, RONALD F.		2.2 NAME	Rankin, Allan C.	
STREET ADDRESS	P. O. BOX 145 N/A		2.3 STREET ADDRESS	72 Driftwood Dr	
CITY-ST-ZIP	PANACEA FL 32355		2.4 CITY-ST-ZIP	Panacea, Fl 32346	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, HEIDI		3.2 NAME		
STREET ADDRESS	P. O. BOX 695 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	PANACEA FL 32346		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MARY HELEN PORTER		4.2 NAME		
STREET ADDRESS	HWY. 98		4.3 STREET ADDRESS		
CITY-ST-ZIP	PANACEA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TAFF, CARLOS		5.2 NAME		
STREET ADDRESS	RT 3, BOX 5076		5.3 STREET ADDRESS		
CITY-ST-ZIP	CRAWFOERDVILLE FL 32327		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PORTER, RAYMOND		6.2 NAME		
STREET ADDRESS	HWY 98		6.3 STREET ADDRESS		
CITY-ST-ZIP	PANACEA FL 32346		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: T. Mary Helen Porter SIGNATURE REQUIRED 3-17-99 850-984-5430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #