


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90014 011 ****70.00

DOCUMENT # 751055 1. Entity Name WAKULLA COMMERCIAL FISHERMEN'S ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 672 PANACEA FL 32346		Mailing Address P.O. BOX 672 PANACEA FL 32346			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2904994 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
RONALD FRED CRUM HIGHWAY 98 P. O. BOX 145 PANACEA FL 32346				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRUM, RONALD F		NAME		
STREET ADDRESS	PO BOX 145 N/A		STREET ADDRESS		
CITY-ST-ZIP	PANACEA FL 32346		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARD, KEITH		NAME		
STREET ADDRESS	50 TALL PINE		STREET ADDRESS		
CITY-ST-ZIP	ST. MARKS FL 32346		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENDRIX, JERRY W		NAME	DAN Munster, Wahnita	
STREET ADDRESS	P.O. BOX 672		STREET ADDRESS	135 Dickson Bay Road	
CITY-ST-ZIP	PANACEA FL 32346		CITY-ST-ZIP	Panacea, FL 32346	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARY HELEN PORTER		NAME		
STREET ADDRESS	HWY 98		STREET ADDRESS		
CITY-ST-ZIP	PANACEA FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAFF, CARLOS		NAME		
STREET ADDRESS	RT 3, BOX 5076		STREET ADDRESS		
CITY-ST-ZIP	CRAWFOERDVILLE FL 32327		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PORTER, RAYMOND		NAME		
STREET ADDRESS	HWY 98		STREET ADDRESS		
CITY-ST-ZIP	PANACEA FL 32346		CITY-ST-ZIP		
12. 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 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: <i>Mary Helen Porter</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-11-04 <small>Date Daytime Phone #</small>		

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MOORE CR2E037 (11/03)