

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751055

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** WAKULLA COMMERCIAL FISHERMEN'S ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 672  
PANACEA, FL 32346

**New Principal Place of Business:**

60 WARD STREET  
ST MARKS, FL 32355

**Current Mailing Address:**

P.O. BOX 672  
PANACEA, FL 32346

**New Mailing Address:**

**FEI Number:** 59-2904994      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CRUM, RONALD F  
Address: PO BOX 145 N/A  
City-St-Zip: PANACEA, FL 32346

Title: V ( ) Delete  
Name: WARD, KEITH  
Address: 50 TALL PINE  
City-St-Zip: ST. MARKS, FL 32346

Title: T ( ) Delete  
Name: VANMUNSTER, WAHNITA  
Address: P.O. BOX 447  
City-St-Zip: PANACEA, FL 32346

Title: D ( ) Delete  
Name: TAFF, CARLOS  
Address: RT 3, BOX 5076  
City-St-Zip: CRAWFOERDVILLE, FL 32327

Title: D ( ) Delete  
Name: NICHOLS, CLARK  
Address: P.O. BOX 6  
City-St-Zip: SOPCHOPPY, FL 32358

Title: S ( ) Delete  
Name: WARD, HELEN  
Address: P.O. BOX 104  
City-St-Zip: SAINT MARKS, FL 32355

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: WARD, HELEN  
Address: P O BOX 104  
City-St-Zip: ST MARKS, FL 32355

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: WARD, HELEN  
Address: P.O. BOX 104  
City-St-Zip: ST MARKS, FL 32355

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN WARD

TREA

04/27/2009

Electronic Signature of Signing Officer or Director

Date