

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 # 763006 (4)
1. Corporation Name
GRAND HAVEN FISH AND WILDLIFE ASSOCIATION, INC.



Principal Place of Business Mailing Address
PO BOX 217 ELKTON FL 32033 US
PO BOX 217 ELKTON FL 32033 US

3. Date Incorporated or Qualified 04/27/1982
3a. Date of Last Report 04/12/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2277978	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	24	25
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MEREDITH, OLEN W. 77 BRIDGE STREET, P.O. DRAWER 1957 ST. AUGUSTINE FL 32084		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILES, JAMES	1.2 NAME	
STREET ADDRESS	87 COLON AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDEEN, CHARLES III	2.2 NAME	
STREET ADDRESS	322 CHAPEL ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, AMY	3.2 NAME	
STREET ADDRESS	2050 WILDWOOD DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADSHAW, JOHN	4.2 NAME	
STREET ADDRESS	14 GARNET AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, WAYNE	5.2 NAME	
STREET ADDRESS	327 CIR DR W MRYTLE MEADOWS	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, DAVID	6.2 NAME	
STREET ADDRESS	S PINE CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	6.4 CITY-ST-ZIP	

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: _____ Date: 3-9-96 Daytime Phone #: 904-824-4390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)