


FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **763006** (4)

1. Corporation Name

**GRAND HAVEN FISH AND WILDLIFE ASSOCIATION, INC.**



Principal Place of Business <b>PO BOX 217 ELKTON FL 32033 US</b>		Mailing Address <b>PO BOX 217 ELKTON FL 32033 US</b>		3. Date Incorporated or Qualified <b>04/27/1982</b>	
				4. FEI Number <b>59-2277978</b>	
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
22 City & State		27 City & State		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
23 Zip Country		28 Zip Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 <b>FL</b> 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

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	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LILES, JAMES</b>	1.2 NAME	
STREET ADDRESS	<b>87 COLON AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST AUGUSTINE, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RYAN, RODNEY</b>	2.2 NAME	
STREET ADDRESS	<b>308 D. STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ST</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARD, AMY</b>	3.2 NAME	
STREET ADDRESS	<b>2050 WILDWOOD DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST AUGUSTINE, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRADSHAW, JOHN</b>	4.2 NAME	
STREET ADDRESS	<b>14 GARNET AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST AUGUSTINE, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEVENS, WAYNE</b>	5.2 NAME	
STREET ADDRESS	<b>327 CIR DR W MRYTLE MEADOWS</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST AUGUSTINE, FL 00000</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NELSON, DAVID</b>	6.2 NAME	
STREET ADDRESS	<b>S PINE CIR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>	6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0001810

CR2E037 (10/97)