2002 UNIFORM BUSINESS REPORT (UBR)

Mar 03, 2002 8:00 am Secretary of State **DOCUMENT # 763006** 1. Entity Name GRAND HAVEN FISH AND WILDLIFE ASSOCIATION, INC. 03-03-2002 90086 044 ****61.25 Principal Place of Business Mailing Address PO BOX 217 PO BOX 217 ELKTON FL 32033 ELKTON FL 32033 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, et Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2277978 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MEREDITH, OLEN W. 77 BRIDGE STREET, P.O. DRAWER 1957 ST. AUGUSTINE FL 32084 City 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 **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Pavable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE □ Delete TITLE Addition Change CR2E037 (9/01 NAME LILES, JAMES CHARLES J. RUDEEN, JR. NAME STREET ADDRESS 87 COLON AVE STREET ADDRESS 322 CHAPEL ROAD CITY-ST-7IP ST AUGUSTINE, FL 00000 CITY-ST-7IP ST. Aufus TINE, FL 32084 ☐ Delete TITLE Change Addition RYAN, RODNEY NAME VICTORIA WATKINS STREET ADDRESS 308 D. STREET 460 STOKES LANDING ROAD STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE FL CITY-ST-ZIP ST. AUGUSTINE, FL. 32095 ST TITLE Delete TITLE Change Addition WARD, AMY NAME STREET ADDRESS 2050 WILDWOOD DR STREET ADORESS CITY-ST-ZIP ST AUGUSTINE, FL 00000 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BRADSHAW, JOHN NAME NAME STREET ADDRESS 14 GARNET AVE STREET ADDRESS CITY-ST-ZIP ST AUGUSTINE, FL 00000 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STEVENS, WAYNE NAME STREET ADDRESS 327 CIR DR W MRYTLE MEADOWS STREET ADDRESS CITY-ST-ZIP ST AUGUSTINE, FL 00000 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition **NELSON, DAVID** NAME NAME STREET ADDRESS IS PINE CIR STREET ADDRESS CITY-ST-ZIP ST AUGUSTINE FL CITY-\$T-ZIP 12. Thereby certify that the information supplied with this filling 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 expowered 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 attackinient with an address, with all other like empowered.

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changed, or on an attackment with an address, with all other like empowered.

SIGNATURE: CHARLES J. RUNEEN JR. 02-11-02 9048299681