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Apr 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001103 (9)

1. Corporation Name

AMERICAN CANOE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7432 ALBAN STATION BLVD.
SUITE B-226
SPRINGFIELD VA 221507432 ALBAN STATION BLVD.
SUITE B-226
SPRINGFIELD VA 22150-2321

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/08/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

84-0619411

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE #105
TALLAHASSEE FL 32301

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

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 PD
NAME ZELLER, JANET
STREET ADDRESS 25 EVERETT RD.
CITY-ST-ZIP DUNBARTON NH 03045
☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE VPD
NAME NIELSEN, CHRIS
STREET ADDRESS 11 OVERLOOK DR.
CITY-ST-ZIP LONG VALLEY NJ 07853
☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE SD
NAME WILSON, CHARLIE E
STREET ADDRESS 25355 HWY 169 S.
CITY-ST-ZIP ZIMMERMAN MN 55398
☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE TD
NAME KELLY, TIM M
STREET ADDRESS 2096 N. PONCE DE LEON
CITY-ST-ZIP ATLANTA GA 30307
☒ DELETE4.1 TITLE TD
4.2 NAME BUCHMAN, JEFFERY L
4.3 STREET ADDRESS 2806 Elm Grove Ct.
4.4 CITY-ST-ZIP Kingwood, TX 77339
☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE5.1 TITLE Assistant TD
5.2 NAME YEAGER, JEFFREY A
5.3 STREET ADDRESS 1611 Bryan Point Rd.
5.4 CITY-ST-ZIP Accokeek, MD 20607
☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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 REQUIRED, Yeager,

4/11/97

(703) 451-0141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 703-451-0141

CR2E037 (9/96)