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**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90081 025 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F95000001103**

1. Corporation Name

**AMERICAN CANOE ASSOCIATION, INC.**

Principal Place of Business  
7432 ALBAN STATION BLVD.  
SUITE B-226  
SPRINGFIELD VA 22150

Mailing Address  
7432 ALBAN STATION BLVD.  
SUITE B-226  
SPRINGFIELD VA 22150



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/08/1995</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>84-0619411</b>	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24	Country	29	Country	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	ZELLER, JANET		1.2 NAME	William T. Spitzer			
STREET ADDRESS	25 EVERETT RD.		1.3 STREET ADDRESS	5508 Trent St.,			
CITY-ST-ZIP	DUNBARTON NH 03045		1.4 CITY-ST-ZIP	Chevy Chase, MD 20815			
TITLE	VPD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JOHNSON, MURRAY		2.2 NAME				
STREET ADDRESS	14257 S FIRETHORNE CT		2.3 STREET ADDRESS				
CITY-ST-ZIP	OREGON CITY OR 97405		2.4 CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	WILSON, CHARLIE E		3.2 NAME	Kim P. Whitley			
STREET ADDRESS	25355 HWY 169 S.		3.3 STREET ADDRESS	715 Winston-Salem			
CITY-ST-ZIP	ZIMMERMAN MN 55398		3.4 CITY-ST-ZIP	Virginia Beach, VA 23451			
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BUCHMAN, JEFFREY TL.		4.2 NAME				
STREET ADDRESS	2806 ELM GROVE CT		4.3 STREET ADDRESS				
CITY-ST-ZIP	KINGWOOD TX		4.4 CITY-ST-ZIP				
TITLE	ATD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	YEAGER, JEFFREY A.		5.2 NAME				
STREET ADDRESS	1611 BRYAN PTE RD		5.3 STREET ADDRESS				
CITY-ST-ZIP	ACCOKEEK MD		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
Signature, typed or printed name of signing officer or director  
William T. Spitzer  
Date: 3/7/99  
Daytime Phone #: (301) 656-7585

CR2F037-111/98