


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90205 032 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N00967</b>					
1. Corporation Name <b>MANATEE-SARASOTA FISH AND GAME ASSOCIATION, INC.</b>					
Principal Place of Business 6508 QUONSAT RD BRADENTON FL 34203 US			Mailing Address P O BOX 116 ONECO FL 34264 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/18/1984 4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent BADEN, EARL W., JR. 1101 SIXTH AVE., W. BRADENTON FL 34205				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			
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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	DP	<input type="checkbox"/> DELETE		1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAYERS, RICK			1.2 NAME	Meyers, Rick		
STREET ADDRESS	7708 2ND AVE NW			1.3 STREET ADDRESS	7708 2nd Avenue NW		
CITY-ST-ZIP	BRADENTON FL 34209			1.4 CITY-ST-ZIP	Bradenton FL 34209		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARKER, ROY E CIA			2.2 NAME	Parker, Roy E Jr		
STREET ADDRESS	7611 9TH AVE NW			2.3 STREET ADDRESS	7611 9th Ave NW		
CITY-ST-ZIP	BRADENTON FL 34205			2.4 CITY-ST-ZIP	Bradenton FL 34209		
TITLE	DS	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARKER, ROY E			3.2 NAME			
STREET ADDRESS	7611 9TH AVE NW			3.3 STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34209			3.4 CITY-ST-ZIP			
TITLE	DD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNOWLES, JAMES			4.2 NAME			
STREET ADDRESS	2812 MANATEE AVE W			4.3 STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34205			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				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** Richard Meyers 1-26-99 941-792-0963  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)