FILED

2003 NOT-FOR-PROFIT CORPORATION

UNIF	ORM BUSINI	Ju	Jul 17, 2003 8:00 am							
DOCUMENT # N0200008915 1. Entity Name							Secretary of State 07-17-2003 90032 033 ****61.25			
INDIAN RIVER	GUIDES ASSOCIATION	, INC	V				07-17-2003 90032	2 03301	23	
Principal Place of Business 4731 CHICAGO ST. PORT ST. JOHN 32927 US		4731	Mailing Address 4731 CHICAGO ST. PORT ST. JOHN 32927 US			1 182 (18)) JOBJUSTI, BOJ BOJJO JUDIJ BOJSI DOSIJ BOSIJ BOSIJ BOJSI BOJSI BOJSI KRIJO IDIGI KROJ KRIJ KOJSI			
2. Principal Place of Business		3. Ma	3. Mailing Address							
Suite, Apt. #, etc. PO Box 62()			Suite, Apt. #, etc. P.O. 1301 6 2 (1				CHECK HERE IF MAKING CHANGES			
City & State TITUS VILLE FLORIDA		City & State TITUSUILLE		FUONI DA		4. FEI Number	10655		Applied For Not Applicable	
32782	Country		ip 82	Count اک ک			Status Desired === 🗔.	\$8.75.Ad	dditional	
6. Name and Address of Current					·	7. Name and Address of New Registered Agent				
					Name STOWELL P. RoberTSON					
ZIMMERMAN JR., RALPH DAVID CAPT 4731 CHICAGO ST.						Address (PO, Box Number is Not Acceptable) 525 BIMINI STREET				
PORT ST. JOHN FL 32927										
					City. TiT	usville		FL Zip Coo		
	entity submits this statement for	or the pur	pose of changing its re				n the State of Florida. I		-	
the obligations of	registeren agent.	~		,	. 1					
SIGNATURE	bunl fort		-> 5Too	wELl	- Kobi	MISON		-14-63		
Signature	, typed or printed name of registered agent	and title if ap	oplicable. (NOTE:	Registered A	Agent signature re	equired when reinstating)	DA .	ATE		
FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$23			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees		neck Payable partment of		
10	OFFICERS AND DI	RECTORS	3	11.			GES TO OFFICERS AND	D DIRECTORS II	N 10	
TITLE	☐ Delete				1	PRESIDENT Change Waddition Rodney Smith ZbS S. Roberts Way				
NAME STREET ADDRESS				NAME STREET	ADDRESS	REDNEY SIM	ATS WAY			
CITY-ST-ZIP				CITY-ST	T-ZIP	SATELITE B	EACH FLOR	4109 3	2937	
TITLE			☐ Delete	TITLE		VICE PRESID	ent	☐ Change	Addition	
NAME STREET: ADDRESS				NAME STREET	ADDRESS	Joe ALOR	WINTER GARE	DEN RD		
CITY-ST-ZIP		·	<u>-</u>	CITY-S1		084-000 084-000	PLORIOR .	3 2 8 3 5	Z	
TITLE			☐ Delete	TITLE		SECRETARY HENRY T.		☐ Change	Addition	
NAME				NAME	ADDRESS	HENRY T.	LWATER AVE		}	
STREET ADDRESS CITY-ST-ZIP				CITY-ST		6034 BITC	RIDA 2393	7	,	
TITLE			☐ Delete	TITLE				- Chance	Addition	
NAME				NAME		Thomas VA	n Harp	JBT		
STREET ADDRESS CITY-ST-ZIP				STREET A	ADDRESS T-ZIP	Theysured Thomas V4 540 LAKE L ChulwTA, F	SUPERIE PIN	ما ما 1 ما ما		
TITLE			☐ Delete	TITLE		CHUINGIH, I	DON 101 30	Change	☐ Addition	
NAME				NAME						
STREET ADDRESS				STREET	ADDRESS					

12. 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 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 empowered 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 attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

407-416-1187 7-14-03

☐ Change

☐ Addition