

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N07344** (7)

1. Corporation Name

**BEVERLY HILLS FISHING CLUB INC.**



Principal Place of Business

Mailing Address

**14 TRUMAN BLVD  
PO BOX 640523  
BEVERLY HILL FL 33464  
US**

**14 TRUMAN BLVD  
PO BOX 640523  
BEVERLY HILLS FL 34464-0523  
US**

3. Date Incorporated or Qualified  
**01/29/1985**

3a. Date of Last Report  
**03/24/1995**

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRIGHT, ROBERT  
14 TRUMAN BLVD  
BEVERLY HILLS FL 34465**

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 **P** ☐ DELETE

NAME **BRIGHT, ROBERT**  
STREET ADDRESS **14 TRUMAN BLVD**  
CITY-ST-ZIP **BEVERLY HILLS FL**

1.1 TITLE ☐ Change ☐ Addition

NAME **BRIGHT, ROBERT**

STREET ADDRESS **14 TRUMAN BLVD**

CITY-ST-ZIP **BEVERLY HILLS FL**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **T** ☒ DELETE

NAME **WYSS, LOUIS**  
STREET ADDRESS **524 S ADAMS**  
CITY-ST-ZIP **BEVERLY HILLS FL**

2.1 TITLE ☒ Change ☐ Addition

NAME **WYSS, LOUIS**

STREET ADDRESS **524 S ADAMS**

CITY-ST-ZIP **BEVERLY HILLS FL**

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**T**  
**Steinke, Jean**  
**3896 N Everlasting Dr**  
**Beverly Hills, FL**

TITLE **S** ☐ DELETE

NAME **MILLER, MARILYN**  
STREET ADDRESS **951 W BEAKRUSH DR**  
CITY-ST-ZIP **BEVERLY HILLS FL**

3.1 TITLE ☐ Change ☐ Addition

NAME **MILLER, MARILYN**

STREET ADDRESS **951 W BEAKRUSH DR**

CITY-ST-ZIP **BEVERLY HILLS FL**

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **BALL, LEE**  
STREET ADDRESS **3189 N BRACKENFERN PT**  
CITY-ST-ZIP **BEVERLY HILLS FL**

4.1 TITLE ☒ Change ☐ Addition

NAME **BALL, LEE**

STREET ADDRESS **3189 N BRACKENFERN PT**

CITY-ST-ZIP **BEVERLY HILLS FL**

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**VP**  
**Ball, Lee**  
**3189 N Brackenfern Pt**  
**Beverly Hills, FL**

TITLE **D** ☐ DELETE

NAME **LINDUER, ARTHUR**  
STREET ADDRESS **29 NEW FLORIDA AVE**  
CITY-ST-ZIP **BEVERLY HILLS FL**

5.1 TITLE ☐ Change ☐ Addition

NAME **LINDUER, ARTHUR**

STREET ADDRESS **29 NEW FLORIDA AVE**

CITY-ST-ZIP **BEVERLY HILLS FL**

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE

NAME **DOYLE, EDWARD**  
STREET ADDRESS **56 S JEFFERY ST**  
CITY-ST-ZIP **BEVERLY HILLS FL**

6.1 TITLE ☒ Change ☐ Addition

NAME **DOYLE, EDWARD**

STREET ADDRESS **56 S JEFFERY ST**

CITY-ST-ZIP **BEVERLY HILLS FL**

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**D**  
**John Frank**  
**3691 N Laurelwood Lp**  
**Beverly Hills, FL**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Robert G. Bright*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Bright

2/6/96

(352) 746-1036

Date

Daytime Phone #

CR2E037 (12/95)