

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N11274 (0)

1. Corporation Name

BASS ANGLERS SOCIETY OF SARASOTA, INC.



Principal Place of Business: **POST OFFICE BOX 21171 SARASOTA FL 34276**
Mailing Address: **POST OFFICE BOX 21171 SARASOTA FL 34276**

3. Date Incorporated or Qualified: **09/24/1985**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-2656875**
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 Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**DICKENS, DAVID C
4980 GEORGE AVE
SARASOTA FL 34233**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	MARTIN, RONALD W
STREET ADDRESS	5175 MELDON CIRCLE
CITY-ST-ZIP	SARASOTA FL 34232
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	ALLEY, DAVID R JR
STREET ADDRESS	2832 BAY ST
CITY-ST-ZIP	BRADENTON FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	O'KEEFE, BEVERLY J
STREET ADDRESS	P O BOX 19415
CITY-ST-ZIP	SARASOTA FL 34276 N/A
TITLE	T <input type="checkbox"/> DELETE
NAME	HAZARD, KATHLEEN
STREET ADDRESS	2832 BAY ST
CITY-ST-ZIP	SARASOTA FL 34237
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MURPHY, DAVID
STREET ADDRESS	4511 PIKE AVE
CITY-ST-ZIP	SARASOTA FL 34233
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	VP MURPHY, DAVID
23 STREET ADDRESS	4511 PIKE AVENUE
24 CITY-ST-ZIP	SARASOTA, FL 34233
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	800001856238
43 STREET ADDRESS	-06/10/96--01001--001
44 CITY-ST-ZIP	***61.25
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	TOURN. DIRECTOR "D"
53 STREET ADDRESS	BRUZZOW, PAUL
54 CITY-ST-ZIP	28101 CROSBY ROAD MYAKKA CITY, FL 34251
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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: Kathleen E. Hazard Date: 4-22-96 (941) 951-0434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)