

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N11274 (0)

1. Corporation Name
BASS ANGLERS SOCIETY OF SARASOTA, INC.

Principal Place of Business PO Box 21171 SARASOTA FL 34276	Mailing Address C/O BETTY GAINES 101 JACOBS LN SARASOTA FL 34240
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3. Date Incorporated or Qualified 09/24/85		
4. FEI Number 59-2656875	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

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	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 _____ (NOT Registered Agent's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	MARTIN, RONALD W	5175 MELDON CIRCLE	SARASOTA FL 34235	<input type="checkbox"/>
VP	MURPHY, DAVID	4511 PIKE AVE	SARASOTA FL 34233	<input type="checkbox"/>
SD	O'KEEFE, BEVERLY J.	PO Box 19415 N/A	SARASOTA FL	<input checked="" type="checkbox"/>
T	BETTY GAINES	101 JACOBS LN	SARASOTA FL 34240	<input type="checkbox"/>
D	CHUCK WEBB	RT 1 Box 468-07	MYAKKA City, FL 34251	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SD MATTHEWS, JIM
3.3 STREET ADDRESS	9706 284th ST EAST
3.4 CITY-ST-ZIP	MYAKKA City FL 34251
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	500002496023
4.3 STREET ADDRESS	-04/22/98--01011--025
4.4 CITY-ST-ZIP	***61.25
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DIRECTOR GARY GAINES
5.3 STREET ADDRESS	101 JACOBS LN
5.4 CITY-ST-ZIP	SARASOTA FL 34240
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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. I am an officer or director of the corporation or have been or am hereby 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: _____ DATE: **4/16/98** 941-365-9017

CR2E037 (10/97)