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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N11274

1. Corporation Name

BASS ANGLERS SOCIETY OF SARASOTA, INC.

Principal Place of Business

POST OFFICE BOX 21171
 SARASOTA FL 34276

Mailing Address

C/O BETTY GAINES
 101 JACOBS LN.
 SARASOTA FL 34240



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/24/1985

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
 NAME MARTIN, RONALD W
 STREET ADDRESS 5175 MELDON CIRCLE
 CITY-ST-ZIP SARASOTA FL 34235

TITLE VP DELETE
 NAME MURPHY, DAVID
 STREET ADDRESS 4511 PIKE AVE.
 CITY-ST-ZIP SARASOTA FL 34233

TITLE SD DELETE
 NAME MATTHEWS, JIM
 STREET ADDRESS 9706 284TH ST. EAST
 CITY-ST-ZIP MYAKKA CITY FL 34251

TITLE T DELETE
 NAME GAINES, BETTY
 STREET ADDRESS 101 JACOBS LANE
 CITY-ST-ZIP SARASOTA FL

TITLE D DELETE
 NAME GAINES, GARY
 STREET ADDRESS 101 JACOBS LANE
 CITY-ST-ZIP SARASOTA FL 34240

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME Jim MATTHEWS
 1.3 STREET ADDRESS 9706 284TH ST. EAST
 1.4 CITY-ST-ZIP MYAKKA CITY FL 34251

2.1 TITLE Change Addition
 2.2 NAME GARY GAINES
 2.3 STREET ADDRESS 101 JACOBS LN
 2.4 CITY-ST-ZIP SARASOTA FL 34240

3.1 TITLE Change Addition
 3.2 NAME BEV O'KEEFE
 3.3 STREET ADDRESS 3203 ELMER ST
 3.4 CITY-ST-ZIP SARASOTA FL 34231

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME JEFF Columbus
 5.3 STREET ADDRESS 5927 Brown Ln
 5.4 CITY-ST-ZIP Sarasota FL 34232

6.1 TITLE Change 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; 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]
 SIGNATURE REQUIRED

4/26/99 941-

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