## **FILE NOW: FILING FEE IS \$61.25**

Mailing Address

C/O BETTY GAINES

101 JACOBS LN. SARASOTA FL 34240

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90222 002 \*\*\*\*61.25

**FILED** 

## **DOCUMENT # N11274**

Principal Place of Business

POST OFFICE BOX 21171

SARASOTA FL 34276

BASS ANGLERS SOCIETY OF SARASOTA, INC.

Place of Business	2a. Mailing Address		<del></del>	3. Date Incorporated or Qualifed		
lace of Business	<del></del>		***************************************	09/24/1985		
#. etc.	Suite, Apt. #, etc.	_ <del></del>		4. FEI Number	Apı	olied For
,	27			59-2656875	No	Applicable
te	City & State			E Cartiferes of Pastus Decired	\$8.75 A	dditional
	28			5. Certificate of Status Desired	Fee Re	quired
Country	Zip	Cou	ntry	6. Election Campaign Financing	\$5.00	May Be
25	29	30		Trust Fund Contribution	Added to	Fees
9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registere	ed Agent		
	•	,	81 Name			
. DAVID C		ļ	82 Street Add	Iress (P.O. Box Number is Not Acceptable)		
ORGE AVE						
TA FL 34233			83			}
			84 City		. 85 Zip C	ode
			j	-	L	
registered agent, or both, in the State	e of Florida. Such change was	authorized	l by the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its pointment as rec	egistered istered
				DATE:		
	<del></del> _		Agent signature require	55 (112)	AND DIRECTO	RS IN 12
<del>,</del>			n = 1 2 2	Applification and a series and		Addition
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MATTHEWS, JIM		3.2 N/ 3.3 ST 3.4. C	TREET ADDRESS	BEV O'KEEFE		
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MATTHEWS, JIM 9706 284TH ST. EAST MYAKKA CITY FL 34251 T GAINES, BETTY 101 JACOBS LANE		3.2 N/ 3.3 ST 3.4. C 4.1 TT 4.2 N	TY-ST-ZIP	BEV O'KEEFE B203 ELMER ST		
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	Country  25  9. Name and Address of Curre  DAVID C  DRGE AVE  TA FL 34233  to the provisions of Sections 617.05 registered agent, or both, in the State am familiar with, and accept the oblig  Signature, typed or printed name of registered ag  OFFICERS A  PD  MARTIN, RONALD W  5175 MELDON CIRCLE  SARASOTA FL 34235  VP  MURPHY, DAVID	#, etc.  #, etc.  City & State  28  Country  Zip  25  9. Name and Address of Current Registered Agent  DAVID C  DRGE AVE FA FL 34233  to the provisions of Sections 617.0502 and 617.1508, Florida State registered agent, or both, in the State of Florida. Such change was am familiar with, and accept the obligations of, Section 617.0503, F  OFFICERS AND DIRECTORS  PD  MARTIN, RONALD W  5175 MELDON CIRCLE SARASOTA FL 34235  VP  MURPHY, DAVID  4511 PIKE AVE. SARASOTA FL 34233	#, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Suite, Apt. #, etc.  City & State  28  Country  Zip  Country  Zip  Country  Zip  Suite, Apt. #, etc.  City & State  28  P. Name and Address of Current Registered Agent  DAVID C  DRGE AVE  TA FL 34233  To the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the alregistered agent, or both, in the State of Florida. Such change was authorized am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the alregistered agent agent and title if epipicable.  Signature, typed or printed name of registered agent and title if epipicable.  OFFICERS AND DIRECTORS  PD  MARTIN, RONALD W  5175 MELDON CIRCLE  SARASOTA FL 34235  VP  MURPHY, DAVID  4511 PIKE AVE.  SARASOTA FL 34233  246	#, etc.    Suite, Apt. #, etc.	#, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   59-2656875    # (e)   City & State   28   Country   6. Election Campaign Financing   Trust Fund Contribution   7. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   81 Name   82 Street Address (P.O. Box Number is Not Acceptable)    # (i) DAVID C   Box Number is Not Acceptable   82 Street Address (P.O. Box Number is Not Acceptable)    # (ii) The provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the application in familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  # (NOTE: Registered Agent signature required when reinstating)   DATE   # (NOTE: Registered Agent signature required when reinstating)   DATE   # (NOTE: Registered Agent signature required when reinstating)   DATE   # (NOTE: Registered Agent signature required when reinstating)   DATE   # (NOTE: Registered Agent signature required when reinstating)   DATE   # (NOTE: Registered Agent signature required when reinstating)   DATE   # (NOTE: Registered Agent signature required when reinstating)   DATE   # (NOTE: Registered Agent signature required when reinstating)   DATE   # (NOTE: Registered Agent signature required when reinstating)   DATE   # (NOTE: Registered Agent signature required when reinstating)   DATE   # (NOTE: Registered Agent signature required when reinstating)   DATE   # (NOTE: Registered Agent signature required when reinstating)   DATE   # (NOTE: Registered Agent signature required when reinstating)   DATE   # (NOTE: Registered Agent signature required when reinstating)   DATE   # (NOTE: Registered Agent signature required when reinstating)   DATE   # (NOTE: Registered Agent signature required when reinstating)   DATE   # (NOTE: Registered Agent signature required when reinstati	#, etc.   Suite, Apt. #, etc.   Sp-2656875   Not   Sp-2

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 any stachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

MILE

NAME

101 JACOBS LANE

SARASOTA FL 34240

Sarasota FC

34232

Change

☐ Addition

CR2E037 (11/98)