NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N16526

1. Corporation Name

FLORIDA ASSOCIATION OF CANOE LIVERIES AND OUTFIT TERS. INC.

Principal Place of Business P O BOX 1764 ARCADIA FL 34265 Mailing Address
P O BOX 1764
ARCADIA FL 34265

US

## FILED Aug 12, 1999 8:00 am Secretary of State

08-12-1999 90006 001 \*\*\*\*61.25



Sulfe, Apt. #, etc. 27   Sulfe, Apt. #, etc. 4. FEI Number	Principal Place of Business     Za. Mailing Address				3. Date incorporated or Qualifed			
Secretary   Secr	21				09/01/1986			
City & State   City & State   City & State   Zip   Country   Zip   Z					4. FEI Number 65-0079530	<u> </u>		
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Zip   Country   Zip   Country   E. Bection Campaign Financing   S5.00 May Be   Added to Fees					E Contiferte of Statue Decired			
PRAGE, REBECCA ANN BRAGE, REBECCA ANN S16 N.W. COUNTY ROAD 661 ARCADIA FL 34266  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the overlanded corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I harreby accept the appointment as registered agent, and accept the obligations of, Section 617,0503, Florida Statutes, the observation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the observation's board of directors. I harreby accept the appointment as registered agent agent, and familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the observation's board of directors. I harreby accept the appointment as registered agent agent agent agent agent, and applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. OFFICERS AND DIRECTORS  18. TITLE  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. TITLE  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Zip Country				Election Campaign Financing \$5.00 May Be			
BRAGG, REBECCA ANN 2816 N.W. COUNTY ROAD 661 ARCADIA FL 34266  44 City  FL  45 City  FL  46 City  FL  46 City  FL  46 City  FL  47 City  FL  48 Tup code  11. Pursuant to the provisions of Sactions 617,0502 and 617,1508, Florida Statutes, the above of companying its 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, and accept the obligations of, Section 617,0503, Florida Statutes, the above of companying its registered agent 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 ag					Trust Fund Contribution Added to Fees Added to Fees			
BRAGG, REBECCA ANN 2816 N.W. COUNTY ROAD 661 ARCADIA FL 34266  32 Street Address (P.O. Box Number is Not Acceptable)  33 ACCEPTABLE STORMS AND DIRECTORS IN 12 STORMS STREET ADDRESS FL GRAGE STORMS AND DIRECTORS IN 12 STREET ADDRESS FL GRAGE STORMS AND STREET ADDRESS FL GRAGE ANN 2816 N.W. COUNTY ROAD 661 ARCADIA FL MAKE STREET ADDRESS FL GRAGE STAND STREET ADDRESS		10. Name and Address of New Registered Agent						
2816 N.W. COUNTY ROAD 661 ARCADIA FL 34266  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the applicative of Section 617.0503, Florida Statutes, submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 617.0503, Florida Statutes, submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 617.0503, Florida Statutes, submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the acceptance of the purpose of changing its registered agent, or both, in the State of Florida Statutes, submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, submits this statement for the purpose of changing its registered agent, or both of directors. Thereby accept the applicative agent agen			81	Name				
2816 N.W. COUNTY ROAD 661 ARCADIA FL 34266  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sactions 617 0502 and 617.1506. Florida Statutes, the above-hanned corporation submits this statement for the purpose of changing its registered office or registered agent, or both. In the State of Fordis. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and accept the obligations of, Section 617.0903, Florida Statutes.  (NOTE: Registered Agent	BRAGG, REBECCA ANN			82 Street Address (P.O. Box Number is Not Acceptable)				
### City   FL   85 Zip Code   ### Ci	· · · · · · · · · · · · · · · · · · ·							
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 obligations of, Section 617 0503, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE   PD   Grange   Change					•			
office or registered agent, or both, in the State of Florida, Such change was authorized by the comporation's board of directors. Thereby accept me appointment as registered agent and accept the obligations of, Section 617.0503, Florida Statutes.    Signature			84	City	Fi	85 Zip C	ode	
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 with, and accept the obligations of, Section 617.0503, Florida Statutes.    Signature   Signature   Signature   Section 617.0503, Florida Statutes   Section	44 Discusses to the provisions of Sections 517.050	2 and 617 1508 Florida Statutos the	a above	-named cornor	ration submits this statement for the purpose of	changing its	egistered	
Suprature, hyper or printed risement of registrative angularity	office or registered agent, or both, in the State	of Florida. Such change was author	zed by	the corporation	i's board of directors. I hereby accept the appoi	ntment as reg	istered	
TITLE NAME FAULK, JOE 9335 E. FOWLER AVE THONOTOSASSA FL  VO NAME WOOD, JIM STREET ADDRESS P.O. BOX 592 N/A HIGH SPRINGS FL TITLE SRAGG, REBECCA ANN STREET ADDRESS CITY-ST-ZIP BRAGG, REBECCA ANN STREET ADDRESS CITY-ST-ZIP TITLE SRACG, REBECCA ANN STREET ADDRESS CITY-ST-ZIP TITLE SRACG, REBECCA ANN STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP ACADIA FL TITLE SRACG, REBECCA ANN STREET ADDRESS CITY-ST-ZIP ACADIA FL TITLE STREET ADDRESS CITY-ST-ZIP ACADIA FL TITLE STREET ADDRESS TREET ADDRESS STREET	SIGNATURE Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Regist	ered Agen	t signature required t	-			
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CITY-ST-ZIP WAS SALVES BY 3/2654 64 CITY-ST-ZIP	1	OALEH /		7710			ì	

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 admiral report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the receive for 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 chapter of an attacyment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\_\_\_\_

Daytime Phone #

CR2E037 (5/99)