SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Aug 12, 1999 8:00 am
Secretary of State
08-12-1999 90006 001 ****61.25

DOCUMENT # N16526

1. Corporation Name
FLORIDA ASSOCIATION OF CANOE LIVERIES AND OUTFITTERS, INC.

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	09/01/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0078530 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRAGG, REBECCA ANN 2816 N.W. COUNTY ROAD 661 ARCADIA FL 34266	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	Secretary	☐ Change ☑ Addition
NAME	FAULK, JOE		1.2 NAME	Sherri Goldsmith	
STREET ADDRESS	9335 E. FOWLER AVE		1.3 STREET ADDRESS	20336 E. Pennsylvania Ave	
CITY-ST-ZIP	THONOTOSASSA FL		1.4 CITY-ST-ZIP	Dunnellon, FL 34432	
TITLE	VD	☑ DELETE	2.1 TITLE	Treasurer	☑ Change ☐ Addition
NAME	WOOD, JIM		2.2 NAME	Wood, Jim	
STREET ADDRESS	P.O. BOX 592 N/A		2.3 STREET ADDRESS	P.O. Box 592	
CITY-ST-ZIP	HIGH SPRINGS FL		2.4 CITY-ST-ZIP	High Springs, FL 32655	
TITLE	STD	☑ DELETE	3.1 TITLE	PD	☑ Change ☐ Addition
NAME	BRAGG, REBECCA ANN		3.2 NAME	Bragg, Rebecca Ann	
STREET ADDRESS	2816 N.W. COUNTY ROAD 661		3.3 STREET ADDRESS	2816 NW County Rd. 661	
CITY-ST-ZIP	ARCADIA FL		3.4 CITY-ST-ZIP	Arcadia, FL 34266	
TITLE	PD	☐ DELETE	4.1 TITLE	VD	☐ Change ☑ Addition
NAME	Bragg, Rebecca Ann Sonn		4.2 NAME	Sanborn, Jack	
STREET ADDRESS	2816 NW. County Rd 661		4.3 STREET ADDRESS	Rt. 6 Box 203	
CITY-ST-ZIP	Arcadia, FL 34266		4.4 CITY-ST-ZIP	Milton FL 32570	
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	~~Jack Sanborn~~ Sanborn, Jack		5.2 NAME		
STREET ADDRESS	Rt. 6 Box 203		5.3 STREET ADDRESS		
CITY-ST-ZIP	Milton, FL 32570		5.4 CITY-ST-ZIP		
TITLE	Treasurer	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Wood, Jim		6.2 NAME		
STREET ADDRESS	P.O. Box 592		6.3 STREET ADDRESS		
CITY-ST-ZIP	High Springs, FL 32655		6.4 CITY-ST-ZIP		

CR2E037 (5/99)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #