

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Brenda B. Matthews
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 5:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N19347 (6)
1. Corporation Name
FLORIDA CANOEING AND KAYAKING ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
201 S MONROE ST STE 200 201 S MONROE ST STE 200
PO BOX 11059 PO BOX 11059
TALLAHASSEE FL 32301 TALLAHASSEE FL 32301

3. Date Incorporated or Qualified 3a. Date of Last Report
02/20/1987 **04/29/1994**

4. FEI Number Applied For / Not Applicable
59-2773210

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes 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. Zip

24. Country 29. Country

9. Name and Address of Current Registered Agent
**ANTON, GARY J.
201 S MONROE ST STE 200
TALLAHASSEE FL 32301**

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
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P/D
NAME	ANTON, GARY J.
STREET ADDRESS	6420 DANCERS IMAGE TRAIL
CITY - ST - ZIP	TALLAHASSEE FL 32308
TITLE	V/D
NAME	BUTCH HORN
STREET ADDRESS	P.O. BOX 20892
CITY - ST - ZIP	WEST PALM BCH FL 33416
TITLE	T/D
NAME	CHUCK HARDY
STREET ADDRESS	3336 HONSATONIC DR
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D
NAME	BLAIR LITTLEJOHN II
STREET ADDRESS	5080 PONDEROSA LANE
CITY - ST - ZIP	HAVERHILL FL 33415
TITLE	D
NAME	DR ELIZBETH CARTER
STREET ADDRESS	145 EXECUTIVE CIRCLE
CITY - ST - ZIP	BOYNTON BCH FL 33438
TITLE	D
NAME	BLAIR LITTLEJOHN III
STREET ADDRESS	652 CASHIERS DR
CITY - ST - ZIP	WEST PALM BCH FL 33413

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D
1.3 STREET ADDRESS	00000 1472840
1.4 CITY - ST - ZIP	-05/03/95--01051--007
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P/D
2.3 STREET ADDRESS	*****61.25 *****61.25
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T/D FRANK SCHLEGEL
3.3 STREET ADDRESS	718 W. JASMINE DR.
3.4 CITY - ST - ZIP	LAKE PARK, FL 33403
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S/D FRANK LUND
4.3 STREET ADDRESS	P.O. BOX 541
4.4 CITY - ST - ZIP	JUPITER, FL 33468
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D SALLY SPENER
5.3 STREET ADDRESS	1811 IVAN DR.
5.4 CITY - ST - ZIP	TALLAHASSEE, FL 32303
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: GARY J. ANTON 6/1/95 222-1055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Type Name)

•D

Anhinga Society
David Jordan
1040 Omar Road
West Palm Beach, FL 33405

D

Florida Competition Paddlers
Laverne Young
104 Bayou Drive
Niceville, FL 32578

D

Palm Beach Pack and Paddle Club
Lee Tartak
18 Via DeCasas Sur
Boynton Beach, FL 33426

D

Florida Sea Kayaking Association
Greg Stamer
1217 Bent Oak Trail
Altamonte Springs, FL 32714

D

St. Johns Water Management District
Mike K. Miller
1323 San Corter Avenue
Palm Bay, FL 32907

D

South Florida Water Management District
Larry Willis
P.O. Box 3646
Tequesta, FL 33469

D

Coconut Kayakers
Richard Skalla
401 Executive Center
West Palm Beach, FL 33401

D

North Florida Water Management District
Jim Temkin
2713 Neuchatel Drive
Tallahassee, FL 32303

D

Suwannee River Water Management District
Mike Jamerson
P.O. Box 753
Alachua, FL 32615

D
Seminole Canoe and Yacht Club
Noble Enge
3348 State Road 13
Switzerland, FL 32259

Southwest Florida Water Management District
Phil Flamand
1451 Briarwood Court
Safety Harbor, FL 34695

D
Space Coast Paddlers
Fred Ankersen
2831 Collegeview Drive
Melbourne, FL 32935

D
West Florida Canoe Club
Bob Saxton
443 Melton Road
Milton, FL 32583