

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

10F 3

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

97 SEP 15 PM 3:03

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



**DOCUMENT # N19347 (6)**

1. Corporation Name  
**FLORIDA CANOEING AND KAYAKING ASSOCIATION, INC.**

Principal Place of Business 201 S MONROE ST STE 200 PO BOX 11059 TALLAHASSEE FL 32301	Mailing Address 201 S MONROE ST STE 200 PO BOX 11059 TALLAHASSEE FL 32301
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified <b>02/20/1987</b>	3a. Date of Last Report <b>06/14/1996</b>
4. FEI Number <b>59-2773210</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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)	<b>211 EAST CALL STREET</b>
83	
84 City	<b>FL</b>
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 **GARY J. ANTON** DATE **9/15/97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RILEY, JOE	
STREET ADDRESS	4517 HWY 196	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MILLER, MIKE K	
STREET ADDRESS	1323 SAN CORTER AVE NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CLARK, TOM	
STREET ADDRESS	5605 LUNKER LANE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LUND, FRANK	
STREET ADDRESS	P.O. BOX 541 NA	
CITY-ST-ZIP	JUPITER FL 33468	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPENER, SALLY	
STREET ADDRESS	1811 IVAN DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	ACD	<input type="checkbox"/> DELETE
NAME	BLAIR LITTLEJOHN III	
STREET ADDRESS	652 CASHIERS DR	
CITY-ST-ZIP	WEST PALM BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>500002293525--3</b>
2.4 CITY-ST-ZIP	<b>-09/15/97--01126--009</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>*****61.25 *****61.25</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CR2E037 (4/97)

ad 9/15/97

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  
Florida Pack & Paddle  
Ken Parker  
1255 Taylor Road  
West Palm Beach, FL 33406

D  
St. Johns Water Management District  
Joan Schneider  
P.O. Box 5221, N/A  
Salt Springs, FL 32134

D  
South Florida Water Management District  
Jack Stanley  
5665 Summit Boulevard  
West Palm Beach, FL 33415

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

D  
Northwest Florida Water Mangement District  
Gary J. Anton  
P.O. Box 11059, N/A  
Tallahassee, FL 32302

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

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

D  
Southwest Florida Water Management District  
Carroll DeLoach  
142 N. Rifle Range Road  
Winter Haven, FL 33880

D  
West Florida Canoe Club  
Bob Saxton  
1828 Jennifer Land  
Pace, FL 32571

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

D  
Butch Horn  
P.O. Box 20892, *N/A*  
West Palm Beach, FL 33416