

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

97 SEP 15 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>02/20/1987</b>		3a. Date of Last Report <b>06/14/1996</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-2773210</b>		Applied For Not Applicable	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fees Required	
Zip <b>24</b>		Country <b>26</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
7. 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		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		10. Name and Address of New Registered Agent	

**ANTON, GARY J.  
201 S MONROE ST STE 200  
TALLAHASSEE FL 32301**

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**211 EAST CALL STREET**  
**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 **GARY J. ANTON**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**9/15/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	
NAME	<b>RILEY, JOE</b>	1.2 NAME	
STREET ADDRESS	<b>4517 HWY 196</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CANTONMENT FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VPD</b>	2.1 TITLE	
NAME	<b>MILLER, MIKE K</b>	2.2 NAME	
STREET ADDRESS	<b>1323 SAN CORTER AVE NE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BAY FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	3.1 TITLE	
NAME	<b>CLARK, TOM</b>	3.2 NAME	
STREET ADDRESS	<b>5605 LUNKER LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	4.1 TITLE	
NAME	<b>LUND, FRANK</b>	4.2 NAME	
STREET ADDRESS	<b>P.O. BOX 541 NA</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUPITER FL 33468</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	
NAME	<b>SPENER, SALLY</b>	5.2 NAME	
STREET ADDRESS	<b>1811 IVAN DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	5.4 CITY-ST-ZIP	
TITLE	<b>ACD</b>	6.1 TITLE	
NAME	<b>BLAIR LITTLEJOHN III</b>	6.2 NAME	
STREET ADDRESS	<b>652 CASHIERS DR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BCH FL</b>	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 **SIGNATURE REQUIRED**

**9/15/97**

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