

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

2. Principal Place of Business

21 211 East Call Street

Suite, Apt. #, etc.

City & State

23 Tallahassee FL

Zip

24 32301

Country

25 US

2a. Mailing Address

26 PO Box 11059

Suite, Apt. #, etc.

City & State

28 Tallahassee FL

Zip

29 32302

Country

30 US

9. Name and Address of Current Registered Agent

ANTON, GARY J
211 EAST CALL STREET
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

02/20/1987

4. FEI Number

59-2773210

Applied For

Not Applicable

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RILEY, JOE ☒ DELETE
STREET ADDRESS 4517 HWY 198
CITY-ST-ZIP CANTONMENT FL

TITLE VPD
NAME MILLER, MIKE K ☒ DELETE
STREET ADDRESS 1323 SAN CORTER AVE NE
CITY-ST-ZIP PALM BAY FL

TITLE TD
NAME CLARK, TOM ☒ DELETE
STREET ADDRESS 5605 LUNKER LANE
CITY-ST-ZIP TALLAHASSEE FL

TITLE SD
NAME LUND, FRANK ☐ DELETE
STREET ADDRESS P.O. BOX 541 NA
CITY-ST-ZIP JUPITER FL 33468

TITLE D
NAME SPENER, SALLY ☐ DELETE
STREET ADDRESS 1811 IVAN DR.
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ACD
NAME BLAIR LITTLEJOHN III ☒ DELETE
STREET ADDRESS 652 CASHIERS DR
CITY-ST-ZIP WEST PALM BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE INTERIM P ☒ Change ☒ Addition
1.2 NAME JAMES OSTRANDER
1.3 STREET ADDRESS 14152 LEEWARD WAY
1.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410-1126

2.1 TITLE D ☒ Change ☒ Addition
2.2 NAME KEN PARKER
2.3 STREET ADDRESS 1255 TAYLOR ROAD
2.4 CITY-ST-ZIP WEST PALM BEACH, FL 33406

3.1 TITLE TD ☒ Change ☒ Addition
3.2 NAME MICHAEL RAIMAN
3.3 STREET ADDRESS 581 N.W. 50TH AVENUE
3.4 CITY-ST-ZIP DELRAY BEACH, FL 33445

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE D ☒ Change ☒ Addition
6.2 NAME GARY J. ANTON
6.3 STREET ADDRESS P.O. BOX 11059 NA
6.4 CITY-ST-ZIP TALLAHASSEE, FL 32302

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 30 1998 8:00am
Secretary of State



CR2E037 (5/98)