


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).

FILED
 Sep 30 1998 8:00am
 Secretary of State

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 Mailing Address
 201 S MONROE ST STE 200
 PO BOX 11059
 TALLAHASSEE FL 32301

3. Date Incorporated or Qualified
 02/20/1987

4. FEI Number
 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. 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

2. Principal Place of Business 2a. Mailing Address

21 211 East Call Street 26 PO Box 11059
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 23 Tallahassee FL 27 Tallahassee FL
 City & State City & State

24 32301 25 US 28 32302 30 US
 Zip Country Zip Country

9. Name and Address of Current Registered Agent

ANTON, GARY J
 211 EAST CALL STREET
 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 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	
TITLE	PD RILEY, JOE <input checked="" type="checkbox"/> DELETE
NAME	4517 HWY 198
STREET ADDRESS	CANTONMENT FL
CITY-ST-ZIP	
TITLE	VPD MILLER, MIKE K <input checked="" type="checkbox"/> DELETE
NAME	1323 SAN CORTER AVE NE
STREET ADDRESS	PALM BAY FL
CITY-ST-ZIP	
TITLE	TD CLARK, TOM <input checked="" type="checkbox"/> DELETE
NAME	5605 LUNKER LANE
STREET ADDRESS	TALLAHASSEE FL
CITY-ST-ZIP	
TITLE	SD LUND, FRANK <input type="checkbox"/> DELETE
NAME	P.O. BOX 541 NA
STREET ADDRESS	JUPITER FL 33468
CITY-ST-ZIP	
TITLE	D SPENER, SALLY <input type="checkbox"/> DELETE
NAME	1811 IVAN DR.
STREET ADDRESS	TALLAHASSEE FL 32303
CITY-ST-ZIP	
TITLE	ACD BLAIR LITTLEJOHN III <input checked="" type="checkbox"/> DELETE
NAME	652 CASHIERS DR
STREET ADDRESS	WEST PALM BCH FL
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	INTERIM P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES OSTRANDER
1.3 STREET ADDRESS	141 SW LEEWARD WAY
1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410-1126
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<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	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> 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: _____ DATE: 9/24/98 (850) 222-1055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (5/98)