FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

121

1. Corporatio	n Name	. (2)		
CHOCTAWHATCHEE BAY FISHERMENS ASSOCIATION, INC.				
000		ENTILLIO ACCOMICION	110	À INCHIATA DIA MARIA ARMA CAMA LARAK NIMI DIBIN DIANA ANDIA BERMI DIANA ANDIA
Principal Place of Business Mailing Address				n inaminar erft irfirt neiten hrist ronne nitt firfir dinnt annit etatr biffir dinti fabt
1725 18TH STREET 1725 18TH STREET			3. Date Incorporated or Qualified	
NICEVILLE FL 32578 NICEVILLE FL 32578				05/15/1987
				4. FEI Number Applied For
				59-3078929 Not Applicable
2. Principal Place of Business 2e. Mailing Address			C	
21		26		Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22 City & State		City & State		Trust Fund Contribution Added to Fees
23	•	28		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered Agent
81 Name				
HICKS, BARBARA			82 Street Addr	ess (P.O. Box Number is Not Acceptable)
1725 18TH STREET			63	
NICEVIL	LE FL 32578		[63]	
			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				
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	Mar Barbar	a Nicho	J. 124 State (30)	4-27-98
SIGNATURE	Signature, yped or printed harne of registered	agent and late if applicable (NOT	E. Registered Agent signature require	ed when reinstating)
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DTP	☐ DELETE	1.1 TITLE	Change Addition
HAME	HICKS, WALTER	•	1.2 NAME	
STREET ADDRESS	1725 18TH ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	NICEVILLE FL.	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
NAME	BAKER, LONNIE	D better	22 NAME	Colonide Colonide
STREET ADDRESS	RT 1 BOX 129		23 STREET ADDRESS	•
CITY-ST-ZIP	FREEPORT FL		2.4 CITY-ST-ZIP	•
TITLE	DTT	DELETE	3.1 TITLE	Change Addition
NAME	SPENCE, FENOL		3.2 NAME	
STREET ADDRESS	335 BAYSHORE DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	•	3.4. CITY-ST-ZIP	
TITLE	SDT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HICKS, BARBARA		4. 2 NAME	
STREET ADDRESS	1725 18TH ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL		4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
			6.4 CITY-ST-ZIP	

I 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 eath; 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.

850678-1766

FILED

May 08 1998 8:00am

Secretary of State