2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N20673

1. Entity Name

CHOCTAWHATCHEE BAY FISHERMENS ASSOCIATION, INC.



FILED Apr 18, 2003 8:00 am Secretary of State 04-18-2003 90187 025 ****61.25

Trincipartiac	e of Business		Mailing Add	ress								
1725 18TH STREET			1725 18TH STREET									
NICEVILLE FL :	32578	•	NICEVILLE FL	32578								
							1 18814181 818 418					
2. Principal P	Place of Busine	SS	3. Mailing Ad	idress								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES						
City & State		City & State				4. FEI Number 59-3078929 Applied For Not Applicab						
Zip		Country	Zip		Country		5. Certificate of Sta	atus Desired	\$1 ~	3.75 Add e Require	itional d	
	6. Name a	and Address of Current R	egistered Age	nt			7. Name and Add	ress of New Registe	red Ag	ent		
					Name							
HICKS, BARBARA 1725 18TH STREET						Street Address (P.O. Box Number is Not Acceptable)						
NICEVILLI	E FL 32578											
					City				FL	Zip Code	9	
9. The above	a consideration	submits this statement for	the nurness of	abanaina ita ra	raistored office or	rogistore	ad agent, or both, in			niliar with	and accept	
	tions of register	·	rie purpose oi	changing its re	gistered office of	registere	ed agent, or both, in	the State of Florida. T	amian	inter with	and accept	
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SIGNATURE .		-										
.¶j	Signature, typed or	printed name of registered agent an	d title if applicable.	(NOTE: F	Registered Agent signatu	re required	when reinstating)	De	ATE			
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ङ कृ	FILE NOW:	FEE IS \$61.25	9.		aign Financing		\$5.00 May Be	Make Cl				
, <u>i</u> ,				Trust Fund Cor	ntribution.	Ш	Added to Fees	Florida De	partn	ent of S	State	
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4-16-03 850 678-1766