

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1997 8:00am  
Secretary of State

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 # N28411 (9)**

1. Corporation Name  
**KISSIMMEE RIVER VALLEY SPORTSMANS ASSOCIATION, IN C.**

Principal Place of Business <b>PO BOX 1299 DUNDEE FL 33838 US</b>	Mailing Address <b>PO BOX 1299 DUNDEE FL 33838-1299 US</b>
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2. Principal Place of Business 21 <b>P.O. Box 1299</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>P.O. Box 1299</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>09/19/1988</b>		3a. Date of Last Report <b>02/08/1996</b>	
22 City & State <b>DUNDEE FL</b>		27 City & State <b>DUNDEE FL</b>		4. FEI Number <b>59-2962822</b>		Applied For Not Applicable	
23 Zip <b>33838</b>		28 Zip <b>33838</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
24 Country <b>POIK</b>		29 Country <b>POIK</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>SMITH, TOMMY G 51 PERCH ST HAINES CITY FL 33844</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code <b>FL</b>			

\*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 *Tommy G Smith* **Tommy G Smith** DATE **5-1-97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, TOMMY G</b>	1.2 NAME	
STREET ADDRESS	<b>51 PERCH ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HAINES CITY FL</b>	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, WLSIE</b>	2.2 NAME	<b>LEA Aitken</b>
STREET ADDRESS	<b>51 PERCH ST</b>	2.3 STREET ADDRESS	<b>61 PERCH ST</b>
CITY-ST-ZIP	<b>HAINES CITY FL</b>	2.4 CITY-ST-ZIP	<b>HAINES City FL 33844</b>
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PORTER, MARCIA</b>	3.2 NAME	<b>ELSIE C. Smith</b>
STREET ADDRESS	<b>3006 W PARIS</b>	3.3 STREET ADDRESS	<b>51 PERCH ST</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	3.4 CITY-ST-ZIP	<b>HAINES City FL 33844</b>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SNIVELY, SCOTT</b>	4.2 NAME	
STREET ADDRESS	<b>14725 CAMP MACK RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WALES FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, G.W.</b>	5.2 NAME	
STREET ADDRESS	<b>55 PERCH ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HAINES CITY FL</b>	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURR, MARVIN</b>	6.2 NAME	
STREET ADDRESS	<b>65 PERCH STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HAINES CITY 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.

CP2E037 (9/96)