

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 AUG 26 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N34963

1. Corporation Name

F.L.A. Fishing Club

Principal Place of Business

Mailing Address

816 N.W. 2nd Ave
Miami FLA. 33136

S/A

3. Date Incorporated or Qualified

10-30-89

4. FEI Number

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

2. Principal Place of Business

2a. Mailing Address

21 816 N.W. 2nd Ave

26 S/A

22 Suite, Apt. #, etc. 816 N.W. 2nd Ave

27 Suite, Apt. #, etc. S/A

23 City & State Miami FLA.

28 City & State S/A

24 Zip 33147

29 Country S/A

25 Dade

30 S/A

9. Name and Address of Current Registered Agent

~~Not~~ Ellis Canty SR
3065 N.W. 69th St
Miami FLA. 33147

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 FRANK RAISON
STREET ADDRESS 816 N.W. 2nd Ave
CITY-ST-ZIP Miami FLA. 33136

☐ DELETE

TITLE UPD
NAME SESSIE JOHNSON SR
STREET ADDRESS 816 N.W. 2nd Ave
CITY-ST-ZIP Miami FLA. 33136

☐ DELETE

TITLE SD
NAME Ellis Rito Canty
STREET ADDRESS 816 N.W. 2nd Ave
CITY-ST-ZIP Miami FLA.

☐ DELETE

TITLE TD
NAME EDWARD GANT
STREET ADDRESS 816 N.W. 2nd Ave
CITY-ST-ZIP Miami FLA. 33136

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
500002625845-4
-08/26/98-01087-001
7000 7000

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
500002625845-4
-08/26/98-01087-001

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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

8/26/98

Date

305-371-6781

Daytime Phone

CR2E037 (10/97)