

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 FEB 15 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37562 (8)

1. Corporation Name

WINTER PARK ANGLERS CLUB, INC.

700001408437
-02/16/95--01092--025
****130.00 ****130.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**% JOHN DEMARTINI
445 LAKE SHORE DR
LAKE MARY FL 32746**

3. Date Incorporated or Qualified 04/05/1990 3a. Date of Last Report 03/11/1994
4. FEI Number 59-3058152 ☒ Applied For ☐ Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **% KEVIN FLICK** 26 **% KEVIN FLICK**
Suite, Apt. #, etc **6228 FOX HUNT TRAIL** Suite, Apt. #, etc **6228 FOX HUNT TRAIL**
22 **6877 FIREBIRD DR** 27 **6877 FIREBIRD DR**
City & State City & State
23 **ORLANDO FL** 28 **ORLANDO FL**
Zip Country Zip Country
24 **32808** 25 **USA** 29 **32808** 30 **USA**

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

g. Name and Address of Current Registered Agent

**DEMARTINI, JOHN
445 LAKE SHORE DR
LAKE MARY FL 32746**

10. Name and Address of New Registered Agent

81 Name **KEVIN FLICK**
82 Street Address (P.O. Box Number is Not Acceptable) **6228 FOX HUNT TRAIL**
83 **6877 FIREBIRD DR** 10
84 City **ORLANDO** FL 85 Zip Code **32808**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Kevin Flick

KEVIN FLICK

2/6/95

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DST
NAME	DEMARTINI, JOHN
STREET ADDRESS	445 LAKE SHORE DR
CITY - ST - ZIP	LAKE MARY FL
TITLE	DP
NAME	PERKINS, LOUIS
STREET ADDRESS	116 OAK ST
CITY - ST - ZIP	ALTAMONTE SPRINGS FL
TITLE	DV
NAME	SIECK, WILLIAM
STREET ADDRESS	177 SEDGEFIELD CR
CITY - ST - ZIP	WINTER PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPT ☒ Change ☐ Addition
1.2 NAME	FLICK, KEVIN
1.3 STREET ADDRESS	6877 FIREBIRD DR 6228 FOX HUNT TRAIL
1.4 CITY - ST - ZIP	ORLANDO FL 32808
2.1 TITLE	BEELER, DALE DV ☒ Change ☐ Addition
2.2 NAME	BEELER, DALE
2.3 STREET ADDRESS	2321 PENBROOK DR
2.4 CITY - ST - ZIP	ORLANDO FL 32810
3.1 TITLE	DS ☒ Change ☐ Addition
3.2 NAME	ALMANY, WAYNE
3.3 STREET ADDRESS	4515 SOUTHSORE RD
3.4 CITY - ST - ZIP	ORLANDO FL 32808
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Kevin Flick

KEVIN FLICK

2/6/95

292-3862
284-6226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Notarized Seal)