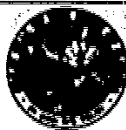


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 PM 12:12

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N40608 (4)

1. Corporation Name

SOUTHEASTERN GREAT OUTDOORS ASSOCIATION, INC.

Principal Place of Business

**P O BOX 142123
CORAL GABLES FL 33114**

Mailing Address

**P O BOX 142123
CORAL GABLES FL 33114**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1990

3a. Date of Last Report

03/11/1994

4. FEI Number

65-0220531

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

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. 193.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**COYLE, THOMAS J.
451 NE 35 STREET
APT. 404
MIAMI FL 33137**

*change of
address*

10. Name and Address of New Registered Agent

81. Name

COYLE, THOMAS J.

82. Street Address (P.O. Box Number is Not Acceptable)

2537 SW 15 ST

83.

84. City

MIAMI

FL

85. Zip Code

33145

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
APPERT, WILLIAM M.
6871 SW 75TH STREET
SOUTH MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
COYLE, THOMAS J.
451 NE 35TH ST #404
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**SD
BROWNE, WILLIAM B.
6055 SW 128 STREET
MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☒ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

Thomas J. Coyle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/95 (305) 460-2914
Date Daytime Phone #