# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # N40608 (4)

1. Corporation Name

**SOUTHEASTERN GREAT OUTDOORS ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P O BOX 142123<br>CORAL GABLES FL 33114 | P O BOX 142123<br>CORAL GABLES FL 33114 |

3. Date Incorporated or Qualified: 10/05/1990

3a. Date of Last Report: 04/20/1995

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:

4. FEI Number: 65-0220531 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

COYLE, THOMAS J.
2537 SW 15 ST.
APT. 404
MIAMI FL 33145

**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: NO APT. NUMBER

84 City: Miami FL — 85 Zip Code: 33145

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: Thomas J Coyle — 03-03-96

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | APPERT, WILLIAM M. | | 1.2 NAME | |
| STREET ADDRESS | 6871 SW 75TH STREET | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SOUTH MIAMI FL | | 1.4 CITY-ST-ZIP | |
| TITLE | TD | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | COYLE, THOMAS J. | | 2.2 NAME | |
| STREET ADDRESS | 2537 SW 15TH ST. | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | | 2.4 CITY-ST-ZIP | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | PETERSON, HARRY | | 3.2 NAME | |
| STREET ADDRESS | 1424 ARTHUR ST., APT. 504 | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOLLYWOOD FL | | 3.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

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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:** Thomas J Coyle — Thomas J. Coyle — 03/03/96 — (305) 642-7755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #