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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N43355 (9)
1. Corporation Name
FLORIDA INSTITUTE OF SALTWATER HERITAGE, INC.



Principal Place of Business: POST OFFICE BOX 606 CORTEZ FL 34215
Mailing Address: POST OFFICE BOX 606 CORTEZ FL 34215-0806

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/06/1991	3a. Date of Last Report 03/07/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0272644	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TAYLOR, MARK A. 3906 29TH AVE., WEST BRADENTON FL 34205				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNIFF, TIMOTHY P	1.2 NAME	
STREET ADDRESS	2905 YARMOUTH DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULFORD, THOMAS R.	2.2 NAME	
STREET ADDRESS	12405 42ND AVE. DR. W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORTEZ FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVELY, JOHN M	3.2 NAME	
STREET ADDRESS	1927 18TH AVE DR W	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNER, ALLEN	4.2 NAME	
STREET ADDRESS	3312 47 ST. W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORA, SHEILA E.	5.2 NAME	
STREET ADDRESS	4425 123 ST. CT. W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORTEZ FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIELD, WAYNE	6.2 NAME	
STREET ADDRESS	4506 123 ST. W.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORTEZ FL	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.

SIGNATURE *Samuel Bell* **Samuel L. Bell** 4/7/97 941 794 1249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0064844

CR2E037 (9/96)

T/D

Bell, Karen L.
Post Office Box 952
Cortez, FL 34215

794-5267

D

Jepson, Michael E.
720 NW 14th Ave.
Gainesville, FL 32601

~~404~~

S/D

Galle, Mona
4515 123rd St. W.
Cortez, FL 34215

795-7735

D

Culbreath, Jeri
4419 123rd St. W.
Cortez, FL 34215

794-6647

D

Culbreath, Richard
4419 123rd St. W
Cortez, FL 34215

794-6647

D

Taylor, Alcee
12304 46th Ave. W.
Cortez, FL 34215

794-2582

D

Taylor, Mark
3906 29th Ave. W.
Bradenton, FL 34205

755-8418