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

APPROVED AND FILED
95 APR 20 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N45090** **(0)**

1. Corporation Name
ANCHORAGE LADIES BILLFISH TOURNAMENT, INC.

Principal Place of Business	Mailing Address
P.O. BOX 27981. BAY POINT PANAM CITY FL 32411	P.O. BOX 27981. BAY POINT PANAM CITY FL 32411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/12/1991
3a. Date of Last Report: 06/15/1994
4. FEI Number: 59-3124064 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Reqfired
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. Name and Address of Current Registered Agent

HOEHN, CAROL
627 AMBERJACK DR.
BOX 27988
PANAMA CITY FL 32411

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	1.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, DEANNA	1.2 NAME		
STREET ADDRESS	BOX 842, 7513 TALMADGE AVE.	1.3 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS THEONNE	2.2 NAME		
STREET ADDRESS	BOX 27477, 909 W. 39TH ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	~~KELLY, JUNE~~	3.2 NAME	Kathryn Stapleton	
STREET ADDRESS	~~17105 FRONT BEACH RD. #7~~	3.3 STREET ADDRESS	542 S. Bonita Ave.	
CITY-ST-ZIP	~~PANAMA CITY BEACH FL~~	3.4 CITY-ST-ZIP	Panama City, FL 32401	
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	HOEHN, CAROL	4.2 NAME		
STREET ADDRESS	627 AMBERJACK DR., BOX 27988	4.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	HOEHN, BARRY	5.2 NAME		
STREET ADDRESS	627 AMBERJACK DR., BOX 27988	5.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, DOROTHY	6.2 NAME		
STREET ADDRESS	4425 THOMAS DR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	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)(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: Carol Hoehn President, ALBT 4.18.95 904-235-0084
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

000017