

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 # **N45090** (0)
1. Corporation Name
ANCHORAGE LADIES BILLFISH TOURNAMENT, INC.



Principal Place of Business Mailing Address
P.O. BOX 27381, BAY POINT
PANAMA CITY FL 32411-7381 P.O. BOX 27381, BAY POINT
PANAMA CITY FL 32411-7381

3. Date Incorporated or Qualified **09/12/1991** 3a. Date of Last Report **04/20/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

2.14.96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE VPD ☐ DELETE
NAME MILLER, DEANNA
STREET ADDRESS BOX 842, 7513 TALMADGE AVE.
CITY-ST-ZIP LYNN HAVEN FL
TITLE D ☐ DELETE
NAME HARRIS THEONNE
STREET ADDRESS BOX 27477, 909 W. 39TH ST.
CITY-ST-ZIP PANAMA CITY FL
TITLE S ☒ DELETE
NAME STAPLETON, KATHRYN
STREET ADDRESS 542 S. BONITA AVE.
CITY-ST-ZIP PANAMA CITY FL
TITLE PD ☐ DELETE
NAME HOEHN, CAROL
STREET ADDRESS 627 AMBERJACK DR., BOX 27988
CITY-ST-ZIP PANAMA CITY FL
TITLE D ☐ DELETE
NAME HOEHN, BARRY
STREET ADDRESS 627 AMBERJACK DR., BOX 27988
CITY-ST-ZIP PANAMA CITY FL
TITLE T ☐ DELETE
NAME HARRIS, DOROTHY
STREET ADDRESS 4425 THOMAS DR.
CITY-ST-ZIP PANAMA CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME *Wells, Barbara*
3.3 STREET ADDRESS *5501 Hilltop Ave.*
3.4 CITY-ST-ZIP *Panama City Beach, FL 32108*
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: *Carol Hoehn, President* 2.14.96 (904) 235-0084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)