## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9300005722 (4)

## FLORIDA SHELLFISH FARMERS ASSOCIATION, INC.

	i toim	DA GITELE IOIT I AUMETIO	NOOOOIKIIOII, IIIO.			
Principal Place of Business			Mailing Address		I INDIVIDE DE RESULT FRANCE PROFESTORIO	901() \$01% 001% \$1111  E018 11010 1101 120;
1260 PLUM AVENUE 1260 PLUM AVENUE MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32 US			MERRITT ISLAND FL 32952	-5848	Date Incorporated or Qualified	3a. Date of Last Report
					01/01/1994	04/08/1996
_	Principal P	lace of Business	2a. Mailing Address		4. FEI Number 59-3215910	Applied For
21	Suite Ant	26 Suite, Apt. #, etc. Suite, Apt. #, etc.			39 32 139 10	Not Applicable
22	ouite, Apr.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
==1	City & Stat			•	6. Election Campaign Financing	\$5.00 May Be
23			28		Trust Fund Contribution	Added to Fees
	Zip	Country	Zip	Country	8. This corporation has liability for i	
24		25		30		Yes No
		9. Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	HUDSC	H HIOV				
	HORSCH, LUCY 1260 PLUM AVENUE			82 Street A	Address (P.O. Box Number is Not Acceptab	le)
MERRITT ISLAND FL 32952			83			
	.,			84 City		14-1 - 7:- OI-
						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						
12			ND DIRECTORS	Hegistered Agent signature	ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12
TIT	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	0	DELETE	1.1 TITLE	TABLET TO SETTE	Change Addition
NA	ME	HORSCH, LUCY		1.2 NAME		-
STI	REET ADDRESS	1260 PLUM AVENUE		1.3 STREET ADDRESS		
_	Y-ST-ZIP	MERRITT ISLAND FL		1.4 CITY - ST - ZIP		
TIT		D D	DELETE	2.1 TITLE		☐ Change ☐ Addition
	ME	MOORE, BARRY 465 MILFORD POINT RD.		2.2 NAME		
	REET ADDRESS Y-ST-ZIP	MERRITT ISLAND FL 32952		2.3 STREET ADDRESS		
TIT		D	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NA	ME	HORSCH, JOHN		3.2 NAME		_ ,
STI	REET ADDRESS	1260 PLUM AVENUE		3.3 STREET ADDRESS		
CIT	Y-81-21P	MERRITT ISLAND FL		3.4. CITY-ST-ZIP		
ŦIT			☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NA				4.2 NAME		
	REET ADDRESS	·		4.3 STREET ADDRESS		
CIT	Y-ST-ZIP	^_^	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NA				5.2 NAME		C) orange C Modition
	REET ADDRESS			5.3 STREET ADDRESS		
	Y-ST-ZIP			5.4 CITY-ST-ZIP		
TIT			☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP