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May 05 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N93000005722 (4)

1. Corporation Name

FLORIDA SHELLFISH FARMERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1280 PLUM AVENUE
MERRITT ISLAND FL 32952
US

1280 PLUM AVENUE
MERRITT ISLAND FL 32952
US



3. Date Incorporated or Qualified

01/01/1994

4. FEI Number

59-3215910

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 9520 SOUTH TROPICAL TRAIL

Suite, Apt. #, etc.

22 1

23 MERRITT ISLAND, FL

24 32952 25 USA

2. Principal Place of Business

21 9520 SOUTH TROPICAL TRAIL

Suite, Apt. #, etc.

22 1

23 MERRITT ISLAND, FL

24 32952 25 USA

2. Principal Place of Business

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Suite, Apt. #, etc.

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24 32952 25 USA

2. Principal Place of Business

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Suite, Apt. #, etc.

22 1

23 MERRITT ISLAND, FL

24 32952 25 USA

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HORSCH, LUCY
1280 PLUM AVENUE
MERRITT ISLAND FL 32952

81 Name PHILLIS WOODFORD

82 Street Address (P.O. Box Number is Not Acceptable)
9520 SOUTH TROPICAL TRAIL

83

84 City MERRITT ISLAND FL 85 Zip Code 32952

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HORSCH, LUCY
STREET ADDRESS 1280 PLUM AVENUE
CITY-ST-ZIP MERRITT ISLAND FL

TITLE D
NAME MOORE, BARRY
STREET ADDRESS 465 MILFORD POINT RD.
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE D
NAME HORSCH, JOHN
STREET ADDRESS 1280 PLUM AVENUE
CITY-ST-ZIP MERRITT ISLAND FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE D
1.2 NAME CHARLES SEMBLER
1.3 STREET ADDRESS 1732 INDIAN RIVER DR
1.4 CITY-ST-ZIP SEBASTIAN FL 32978

2.1 TITLE D
2.2 NAME MICHAEL HEARNON
2.3 STREET ADDRESS 11 S. MAGNOLIA
2.4 CITY-ST-ZIP FOLSMERE FL 32948

3.1 TITLE D
3.2 NAME DAN LEONARD
3.3 STREET ADDRESS 7228 SUNNY BROOK RD
3.4 CITY-ST-ZIP ENGLEWOOD FL 34224

4.1 TITLE P
4.2 NAME BILLY J. THOMPSON
4.3 STREET ADDRESS 12535 N. AIA
4.4 CITY-ST-ZIP VERO BEACH FL 32963

5.1 TITLE S
5.2 NAME PHILLIS WOODFORD
5.3 STREET ADDRESS 9520 SOUTH TROPICAL TRAIL
5.4 CITY-ST-ZIP MERRITT ISLAND FL 32952

6.1 TITLE T
6.2 NAME EDWARD C. MANGANO
6.3 STREET ADDRESS 107 DELVALLE ST
6.4 CITY-ST-ZIP MELBOURNE FL 32951

14. I 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: Billy J. Thompson

4/13/98 561-589-8841

CF2E037 (10/97)