

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000915 (8)

1. Corporation Name

FISHING FOR CHARITY, INC.

Principal Place of Business
**661 SE 5TH AVE
POMPAHO BEACH FL 33060**

Mailing Address
**215 S.W. 6TH ST.
POMPAHO BEACH FL 33060**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/22/1994

3a. Date of Last Report

4. FEI Number
65-0472909

Applied For
Not Applicable

2. Principal Place of Business
21 661 SE 5TH AVE.

2a. Mailing Address
26 P.O. Box 911

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State
23 POMPAHO BEACH, FL.

27
City & State
28 POMPAHO BEACH FL. - FL.

24 Zip
33060

25 Country
USA

29 Zip
33061

30 Country
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KINNEY, GEORGE
215 S.W. 6TH ST.
POMPAHO BEACH FL 33060**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
661 S.E. 5TH AVE
83
84 City **POMPAHO BEACH** FL 85 Zip Code **33060**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	KINNEY, GEORGE	661 S.E. 5TH AVE.	POMPAHO BEACH FL 33060
D	KINNEY, JOAN	661 S.E. 5TH AVE.	POMPAHO BEACH FL 33060
D	MILLER, KIM	341 S.E. 3RD ST.	POMPAHO BEACH FL 33060

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY - ST - ZIP</td> <td>☐</td> <td>☐</td>	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	☐	☐
3.1 TITLE <td>3.2 NAME</td> <td>3.3 STREET ADDRESS</td> <td>3.4 CITY - ST - ZIP</td> <td>☐</td> <td>☐</td>	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	☐	☐
4.1 TITLE <td>4.2 NAME</td> <td>4.3 STREET ADDRESS</td> <td>4.4 CITY - ST - ZIP</td> <td>☐</td> <td>☐</td>	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	☐	☐
5.1 TITLE <td>5.2 NAME</td> <td>5.3 STREET ADDRESS</td> <td>5.4 CITY - ST - ZIP</td> <td>☐</td> <td>☐</td>	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	☐	☐
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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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GEORGE KINNEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-95
Date

(305) 781-2288
Officer's Phone #