

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N95000001349 (8)**

1. Corporation Name

**FISHING FOR SUCCESS, INC.**



Principal Place of Business

Mailing Address

**712 NW 34TH AVENUE  
GAINESVILLE FL 32609**

**712 NW 34TH AVENUE  
GAINESVILLE FL 32609**

**2901 N.W. 40<sup>th</sup> Place**

**2901 NW 40<sup>th</sup> Place**

2. Principal Place of Business

2a. Mailing Address

**21 4311 NW 33<sup>rd</sup> Court**

**26 4311 NW 33<sup>rd</sup> Court**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 Gainesville, FL**

**28 Gainesville, FL**

Zip Country

Zip Country

**24 326065**

**25 USA**

**29 326065**

**30 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KANZLER, KELLY G Kelly Gamble  
712 NW 34TH AVENUE 4311 NW 33<sup>rd</sup> Court  
GAINESVILLE FL 32609 32606  
2901 N.W. 40<sup>th</sup> Place  
32605**

81 Name

**Kelly Gamble**

82 Street Address (P.O. Box Number is Not Acceptable)

**4311 NW 33<sup>rd</sup> Court 2901 NW 40<sup>th</sup> PL**

83

84 City

**Gainesville**

**FL**

85 Zip Code

**326065**

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

**Kelly Gamble**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE **PVST** ☐ DELETE  
NAME **KANZLER, KELLY Gamble**  
STREET ADDRESS **712 NW 34TH AVENUE**  
CITY-ST-ZIP **GAINESVILLE FL 32609**

1.1 TITLE **PVST** ☒ Change ☐ Addition  
1.2 NAME **Kelly Gamble**  
1.3 STREET ADDRESS **4311 NW 33<sup>rd</sup> Court 2901 NW 40<sup>th</sup> PL**  
1.4 CITY-ST-ZIP **Gainesville, FL 32606 32605**

TITLE **D** ☐ DELETE  
NAME **KANZLER, KELLY Gamble**  
STREET ADDRESS **712 NW 34TH AVENUE**  
CITY-ST-ZIP **GAINESVILLE FL 32609**

2.1 TITLE **D** ☒ Change ☐ Addition  
2.2 NAME **Kelly Gamble**  
2.3 STREET ADDRESS **4311 NW 33<sup>rd</sup> Court 2901 NW 40<sup>th</sup> Place**  
2.4 CITY-ST-ZIP **Gainesville, FL 32606 32605**

TITLE **D** ☒ DELETE  
NAME **KANZLER, MARK D**  
STREET ADDRESS **706 NW 34TH AVENUE**  
CITY-ST-ZIP **GAINESVILLE FL 32609**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **MORGAN, LYNN**  
STREET ADDRESS **4311 NW 33RD COURT**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **Dr. Daniel E. Canfield, Jr** ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE **Dr. Daniel E. Canfield, Jr** ☐ Change ☒ Addition  
5.2 NAME **Director**  
5.3 STREET ADDRESS **NW County Road 30**  
5.4 CITY-ST-ZIP **Gainesville, FL 32606**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS **000001884270**  
6.4 CITY-ST-ZIP **-07/03/96--01108--031**  
**\*\*\*61.25**

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:

**Kelly Lynn Gamble**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-20-96**

**(352) 391-0425**

Date

Daytime Phone #

CR2E037 (12/95)