

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000004228 (1)

1. Corporation Name

GULF COAST FLY FISHERS, INC.



Principal Place of Business

Mailing Address

1450 TROPICAL FLAMINGO  
GULF BREEZE FL 32561

P.O. BOX 821  
PENSACOLA FL 32594

3. Date Incorporated or Qualified  
09/01/1995

3a. Date of Last Report  
1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3372047

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

FULGHUM, KENNETH  
1618 STARLAKE PLACE  
PENSACOLA FL 32507

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 617.1503, 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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCFADDEN, NORMAN JR	
STREET ADDRESS	4753 BAYSIDE DR	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	<del>Secretary</del>	<input type="checkbox"/> DELETE
NAME	GOELLER, VICTOR R	
STREET ADDRESS	9510 SCENIC WAY	
CITY-ST-ZIP	PENSACOLA FL 32514-8128	
TITLE	<del>Treasurer</del>	<input type="checkbox"/> DELETE
NAME	BAYNES, JAMES	
STREET ADDRESS	20150 PERDIDO BEACH BLVD 4030 Lynn Dr. Orange Beach, AL 36561	
CITY-ST-ZIP	ORANGE BEACH AL 36561	
TITLE	<del>President</del>	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, CORBETT JR	
STREET ADDRESS	1450 TROPICAL FLAMINGO	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	<del>President</del>	<input type="checkbox"/> DELETE
NAME	DAVIS, CORBETT SR	
STREET ADDRESS	1430 E BAYSHORE CT	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MEADOR, JIM	
STREET ADDRESS	17105 SCENIC HWY 98	
CITY-ST-ZIP	POINT CLEAR AL 36564	

11 TITLE	V. President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Mike Crasett	
13 STREET ADDRESS	2791 Semoran Dr.	
14 CITY-ST-ZIP	Pensacola, FL 32503	
21 TITLE	Dir: Kenneth Fulghum	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	1618 Starlake Place	
24 CITY-ST-ZIP	Pensacola, FL 32507	
31 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS	4030 Lynn Dr. Dr.	
34 CITY-ST-ZIP	Pensacola, FL 32504	
41 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Robert McBride	
43 STREET ADDRESS	7332 Grand Navarre Blvd.	
44 CITY-ST-ZIP	NAVARRE, FL 32566	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96

904-932-3110

CR2E037 (12/95)