

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000004228 (1)

1. Corporation Name

GULF COAST FLY FISHERS, INC.

Principal Place of Business

1450 TROPICAL FLAMINGO  
GULF BREEZE FL 32561

Mailing Address

P.O. BOX 821  
PENSACOLA FL 32594-08213. Date Incorporated or Qualified  
09/01/19953a. Date of Last Report  
05/04/19964. FEI Number  
59-3372047Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

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 617.1508, 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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME MCFADDEN, NORMAN JR  
STREET ADDRESS 4753 BAYSIDE DR  
CITY-ST-ZIP MILTON FL 325831.1 TITLE President ☐ Change ☒ Addition  
1.2 NAME Corbett Davis Jr.  
1.3 STREET ADDRESS 1450 Tropical Flamingo  
1.4 CITY-ST-ZIP Gulf Breeze FL 32561TITLE S ☐ DELETE  
NAME GOELLER, VICTOR R  
STREET ADDRESS 9510 SCENIC WAY  
CITY-ST-ZIP PENSACOLA FL 32514-81282.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE T ☒ DELETE  
NAME BAYNES, JAMES  
STREET ADDRESS 23150 PERDIDO BEACH BLVD  
CITY-ST-ZIP ORANGE BEACH AL 365613.1 TITLE Treasurer ☐ Change ☒ Addition  
3.2 NAME Kenneth Fulghum  
3.3 STREET ADDRESS 1618 Starlake Place  
3.4 CITY-ST-ZIP Pensacola, FL 32507TITLE D ☒ DELETE  
NAME MCBRIDE, ROBERT  
STREET ADDRESS 7332 GRAND NAVARRE BLVD.  
CITY-ST-ZIP NAVARRE FL 325684.1 TITLE Dir. ☐ Change ☒ Addition  
4.2 NAME Mike Scully  
4.3 STREET ADDRESS 24 Anapahol Dr.  
4.4 CITY-ST-ZIP Pensacola FL 32507TITLE P ☒ DELETE  
NAME DAVIS, CORBETT SR  
STREET ADDRESS 1430 E BAYSHORE CT  
CITY-ST-ZIP GULF BREEZE FL 325615.1 TITLE Dir. ☐ Change ☒ Addition  
5.2 NAME Tom Birdwell  
5.3 STREET ADDRESS 22 Lakeside Drive  
5.4 CITY-ST-ZIP Pensacola, FL 32503TITLE D ☒ DELETE  
NAME FULGHUM, KENNETH  
STREET ADDRESS 1618 STARLAKE PLACE  
CITY-ST-ZIP PENSACOLA FL 325076.1 TITLE Dir. Pres ☐ Change ☒ Addition  
6.2 NAME Art de Tonnancourt  
6.3 STREET ADDRESS 4950 Casa Maria Lane  
6.4 CITY-ST-ZIP Pensacola FL 32507

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)