

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90053 045 ****61.25

DOCUMENT # N95000004228

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 32534

3372 LAUREL Drive

3372 LAUREL DR.

Gulf Breeze, FL 32561 Gulf Breeze, FL



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/01/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3372047

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

Zip Country

Zip Country

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

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

William P. Gallagher

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

3372 Laurel Dr.

83

84 City

Gulf Breeze

FL

85 Zip Code

32561

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 William P. Gallagher

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE
NAME	DAVIS, CORBETT JR	
STREET ADDRESS	1450 TROPICAL FLAMINGO	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	S	DELETE
NAME	JIM TILGHMAN	
STREET ADDRESS	1837 SAN DOLLAR CIR	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	VP	DELETE
NAME	MIKE SCULLY	
STREET ADDRESS	24 ARAPAHO DR	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	DELETE
NAME	FRANK DAVIS	
STREET ADDRESS	1611 LUZON LN	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	P	DELETE
NAME	ANT DE TONNANCOURT	
STREET ADDRESS	4950 CASA MARIA LN	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	T	DELETE
NAME	BARRY ROYAL	
STREET ADDRESS	1615 E AVERY ST	
CITY-ST-ZIP	PENSACOLA FL 32503	

1.1 TITLE	D. John Williams	Change	Addition
1.2 NAME	8385 LAWTON Rd.		
1.3 STREET ADDRESS	Pensacola, Fl. 32514-6058		
1.4 CITY-ST-ZIP		Change	Addition
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	V.P. KLAUS Gohrbardt	Change	Addition
3.2 NAME	1643 Mauna Kea Ct.		
3.3 STREET ADDRESS	Gulf Breeze Fl. 32561		
3.4 CITY-ST-ZIP		Change	Addition
4.1 TITLE	PRESIDENT	Change	Addition
4.2 NAME	Robert McBride		
4.3 STREET ADDRESS	PO Box 669		
4.4 CITY-ST-ZIP	Gulf Breeze, Fl. 32562	Change	Addition
5.1 TITLE	DIRECTOR		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	TREASURER	Change	Addition
6.2 NAME	Dennis Matkowski		
6.3 STREET ADDRESS	417 Bunker Hill Dr.		
6.4 CITY-ST-ZIP	Pensacola, Fl. 32506		

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3.10.1999

850-9327742