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Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003433 (6)**

1. Corporation Name

FLORIDA FISHERMEN'S FEDERATION, INC.



Principal Place of Business	Mailing Address
P O BOX 1026 PANACEA FL 32346	P O BOX 1026 PANACEA FL 32346

3. Date Incorporated or Qualified

06/13/1997

4. FEI Number

59-3483243

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACOBS, ARTHUR I
401 CENTRE ST
SECOND FLOOR
FERNANDINA BEACH FL 32034**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINGLE, RAYMOND S JR.	1.2 NAME	
STREET ADDRESS	11225 OLD KINGS RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32219	1.4 CITY-ST-ZIP	
TITLE	DIV	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLENDER, BRUCE	2.2 NAME	DIV
STREET ADDRESS	185 N BAYSHORE DR	2.3 STREET ADDRESS	JAMES TAYLOR JR.
CITY-ST-ZIP	EASTPOINT FL 32328	2.4 CITY-ST-ZIP	70 ST. JAMES ST.
TITLE	D2V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANAHAN, ROLAND JR.	3.2 NAME	PANACEA, FL. 32346
STREET ADDRESS	210 SHANA LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE CITY FL 32465	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, KEITH	4.2 NAME	
STREET ADDRESS	50 TALL PINE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST MARKS FL 32355	4.4 CITY-ST-ZIP	
TITLE	DS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, WILLIE	5.2 NAME	
STREET ADDRESS	11351 OLD KINGS RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32219	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

Raymond S. Pringle Jr.

26 Jan 98

850-984-4445

CR2E037 (1097)