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Feb 27, 1999 8:00 am  
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0009303

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # N97000003433**

1. Corporation Name

**FLORIDA FISHERMEN'S FEDERATION, INC.**

Principal Place of Business

P O BOX 1026  
PANACEA FL 32346

Mailing Address

P O BOX 1026  
PANACEA FL 32346



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/13/1997

4. FEI Number

59-3483243

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE **DP** ☐ DELETE  
NAME **PRINGLE, RAYMOND S JR.**  
STREET ADDRESS **11225 OLD KINGS RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32219**

TITLE **D** ☐ DELETE  
NAME **TAYLOR, JAMES J**  
STREET ADDRESS **70 ST JAMES ST**  
CITY-ST-ZIP **PANACEA FL 32346**

TITLE **D2V** ☒ DELETE  
NAME **SHANAHAN, ROLAND JR.**  
STREET ADDRESS **210 SHANA LN**  
CITY-ST-ZIP **WHITE CITY FL 32465**

TITLE **D** ☐ DELETE  
NAME **WARD, KEITH**  
STREET ADDRESS **50 TALL PINE**  
CITY-ST-ZIP **ST MARKS FL 32355**

TITLE **DS** ☐ DELETE  
NAME **ARNOLD, WILLIE**  
STREET ADDRESS **11351 OLD KINGS RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32219**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

*Raymond S. Pringle Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DATE **29 JAN 99** DAYTIME PHONE # **850-981-4445**

CR2E037 (11/98)