

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
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90148 034 ****61.25

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DOCUMENT # N98000003824

1. Corporation Name

**THE BAY POINT BILLFISH TOURNAMENT FOUNDATION, IN
C.**

Principal Place of Business

**390 MARRIOTT DRIVE
SUITE K
PANAMA CITY BEACH FL 32408**

Mailing Address

**P.O. BOX 27880
PANAMA CITY BEACH FL 32411-7880**



2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

06/30/1998

4. FEI Number

59-3529881

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

23

City & State

City & State

24

Zip

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

**SPANN, WILLIAM F
390 MARRIOTT DRIVE
SUITE K
PANAMA CITY BEACH FL 32408**

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

D
NAME SPANN, WILLIAM F
STREET ADDRESS 390 MARRIOTT DRIVE, SUITE K
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

D
NAME HOUGH, SARAH
STREET ADDRESS 390 MARRIOTT DRIVE, SUITE K
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

D
NAME BURT, SCOTT
STREET ADDRESS 390 MARRIOTT DRIVE, SUITE K
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99

Date

850-235-6900

Daytime Phone #

CR2E037 (1/98)