## - 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 20, 2004 8:00 am Secretary of State DOCUMENT # N98000007163 04-20-2004 90028 006 \*\*\*\*61.25 ANCIENT CITY GAME FISH ASSOCIATION, INC. Principal Place of Business Mailing Address P. O. BOX 2001 ST. AUGUSTINE FL 32085 P. O. BOX 2001 ST. AUGUSTINE FL 32085 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-3542839 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLALOCK, JIM 18 BARCELONA AVE. Street Address (P.O. Box Number is Not Acceptable) ST. AUGUSTINE FL 32084 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE Change ☐ Delete Addition CHAPMAN, LIANA Chaphan, Liana 360 Shanrock Road NAME NAME 335 SEGOVIA ROAD STREET ADDRESS STREET ADDRESS SAINT AUGUSTINE FL 32086 CITY-ST-ZIP CITY-ST-ZIP Spirit Augustine Fl 32086 K Change TITLE Delete TITLE ■ Addition CROSSMAN, ROGER Crasshan Roger 337 A Lures Kame NAME NAME 10 C STREET STREET ADDRESS STREET ADDRESS SAINT AUGUSTINE FL 32080 CITY-ST-ZIP CITY-ST-ZIP Spint Augustine, Fl 32095 TITLE X Delete TITLE ☐ Change ☐ Addition PECORA, CARL NAME NAME 473 SEVILLA DR STREET-ADORESS STREET ADDRESS SAINT AUGUSTINE FL 32086 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment of the corporation of th

SIGNATURE:

FILED

attachment

4403**2**245 #N98000007163

NAME	TITLE	ADDRESS	HOME PHONE	WORK PHONE	E-MAIL ADDRESS
LIANA CHAPMAN		360 Shamrock Road St. Augustine, FL 32086	904.797.7383	e)	lana.chapman@staugustinerecord.com
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• '		31 Pine Circle \	904.824.6436		manucy@aug.com
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BERT WALTON	BER		904.824.7170	904.826.4001	
DAVID RUSSELL		501 19th Street St. Augustine, FL 32084	904.829.9013		russ777@aug.com
JOHN JORDON		220 South Matanzas Blvd. St. Augustine, FL 32080	904.829.9005	904.829.5588	ordon@aug.com
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PIERRE PIERCE			904.794.1522		pierreart@att.net
ROGER CROSSMAN		. ,	904.826.0446	904.443.3217	rowgrr@aug.com

2003 - 2004
ANCIENT CITY GAME FISH ASSOCIATION
OFFICERS BOARD MEMBERS