## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 27, 2005 8:00 am Secretary of State DOCUMENT # N98000007163 1. Entity Name 04-27-2005 90343 020 \*\*\*\*61.25 ANCIENT CITY GAME FISH ASSOCIATION, INC. Principal Place of Business Mailing Address P. O. BOX 2001 P. O. BOX 2001 ST. AUGUSTINE FL 32085 ST. AUGUSTINE FL 32085 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-3542839 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLALOCK, JIM Street Address (P.O. Box Number is Not Acceptable) 18 BARCELONA AVE. ST. AUGUSTINE FL 32084 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 $\Box$ Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Vice President Change ■ Addition CHAPMAN, LIANA NAME John Jordan NAME 220 HATANZAS ROAD 360 SHAMROCK RD. STREET ADDRESS STREET ADDRESS SAINT AUGUSTINE FL 32086 CITY-ST-7IP CITY-ST-ZIP St. Augustine, Fl 32080 Change Addition TITLE Delete TITLE Janes A. Manucy 6381 Pine Circle West CROSSMAN, ROGER NAME NAME 337 ALURES LANE STREET ADDRESS STREET ADDRESS SAINT AUGUSTINE FL 32095 CITY-ST-ZIP CITY-ST-ZIP 51. Augustine Fl 32095 Vice President Delete Addition Donna K. Frantz NAME Panela Drury NAME 307 Raintree Trail STREET ADDRESS STREET ADDRESS byog Pine Circle West CITY-ST-ZIP CITY-ST-ZIP SI. Augustine, Fl 32095 51. Augustine Fl 32086 ☐ Delete ☐ Change ☐ Addition THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition DILE 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 with an address, with all other like empowered.

SIGNATURE:

inpa Inl. Manury 4.25.05 904.824.6436

Date Dayline Phone #

**FILED** 

## ATTACHMENT

## 20048881

2004 - 2005 ANCIENT CITY GAME FISH ASSOCIATION

**OFFICERS BOARD MEMBERS**