

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007163

Entity Name: ANCIENT CITY GAME FISH ASSOCIATION, INC.

Current Principal Place of Business:

503 AVILLA AVENUE
SAINT AUGUSTINE, FL 32084

Current Mailing Address:

PO BOX 2001
ST. AUGUSTINE, FL 32085 US

FEI Number: 59-3542839

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

STRICKLAND, STEPHEN
503 AVILLA AVENUE
SAINT AUGUSTINE, FL 32084 US

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.

SIGNATURE: STEPHEN STRICKLAND

01/20/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name STRICKLAND, STEPHEN
Address 503 AVILLA AVENUE
City-State-Zip: SAINT AUGUSTINE FL 32084

Title VP
Name WHITFIELD, STEPHEN
Address 2965 GREEN ACRES ROAD EXT.
City-State-Zip: ST AUGUSTINE FL 32084

Title DIRECTOR
Name ZIPPERER, JAMAICA
Address 4487 AVENUE D
City-State-Zip: ST. AUGUSTINE FL 32095

Title DIRECTOR
Name FRANTZ, DONNA
Address 6409 PINE CIRCLE W.
City-State-Zip: ST. AUGUSTINE FL 32095

Title SECRETARY
Name STRICKLAND, MELISSA
Address 503 AVILLA AVENUE
City-State-Zip: ST. AUGUSTINE FL 32084

Title TREASURER
Name WHITFIELD, KEVIN
Address 354 CIRCLE DRIVE WEST
City-State-Zip: SAINT AUGUSTINE FL 32084

Title DIRECTOR
Name SHAW, GENE
Address P.O.BOX 2001
City-State-Zip: ST. AUGUSTINE FL 32085

Title DIRECTOR
Name JENSEN, ZACK
Address P.O. BOX 2001
City-State-Zip: ST. AUGUSTINE FL 32085

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MELISSA STRICKLAND

SECRETARY

01/20/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GATCHELL, EDDIE
Address 3600 2ND STREET
City-State-Zip: ST. AUGUSTINE FL 32086

Title DIRECTOR
Name MANUCY, LINDA
Address 6381 PINE CIRCLE WEST
City-State-Zip: ST. AUGUSTINE FL 32095

Title DIRECTOR
Name WHITFIELD, TAMMIE
Address P.O.BOX 2001
City-State-Zip: SAINT AUGUSTINE FL 32085

Title DIRECTOR
Name BURT, STEPHANIE
Address P.O.BOX 2001
City-State-Zip: SAINT AUGUSTINE FL 32085

Title DIRECTOR
Name GATCHELL, RICHARD
Address 4487 AVENUE D
City-State-Zip: ST. AUGUSTINE FL 32095

Title DIRECTOR
Name ANDERSON, SHAWN
Address P.O.BOX 2001
City-State-Zip: SAINT AUGUSTINE FL 32085

Title DIRECTOR
Name WALTON, BERT
Address P.O.BOX 2001
City-State-Zip: SAINT AUGUSTINE FL 32085