

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N98000007163

Entity Name: ANCIENT CITY GAME FISH ASSOCIATION, INC.

Current Principal Place of Business:

173 SUMMER POINT DRIVE
ST. AUGUSTINE, FL 32086

Current Mailing Address:

PO BOX 2001
ST. AUGUSTINE, FL 32085 US

FEI Number: 59-3542839

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSON, ERIN
173 SUMMER POINT DR
ST. AUGUSTINE, FL 32086 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: ERIN JOHNSON

01/27/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name JOHNSON, ERIN
Address 173 SUMMER POINT DRIVE
City-State-Zip: ST. AUGUSTINE FL 32086

Title VP
Name BAPTISTE, KEVIN
Address 208 KING ARTHUR CT
City-State-Zip: ST AUGUSTINE FL 32086

Title PAST PRESIDENT
Name WHITFIELD, STEPHEN J
Address 2964 GREEN ACRES RD EXT.
City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR
Name STOMBOCK, STEVE
Address PO BOX 2001
City-State-Zip: ST. AUGUSTINE FL 32085

Title DIRECTOR
Name VAN FOSSON, EMILY
Address 657 CORAL CIRCLE
City-State-Zip: ST. AUGUSTINE FL 32080

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

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

Title DIRECTOR
Name KEENY, TOMMY
Address PO 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: ERIN JOHNSON

PRESIDENT

01/27/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JARRIEL, JUSTIN
Address PO BOX 2001
City-State-Zip: ST. AUGUSTINE FL 32085

Title TREASURER
Name DUDLEY, INDRA
Address PO BOX 2001
City-State-Zip: ST. AUGUSTINE FL 32085