2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2020
Secretary of State
1356864356CC

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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: Yes

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 01/24/2020

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

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

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

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

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

Title	DIRECTOR
Name	STRICKLAND, STEPHEN
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 01/24/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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