

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007163

Entity Name: ANCIENT CITY GAME FISH ASSOCIATION, INC.**Current Principal Place of Business:**6381 PINE CIRCLE W
ST. AUGUSTINE, FL 32095**Current Mailing Address:**6381 PINE CIRCLE W
ST. AUGUSTINE, FL 32095**FEI Number: 59-3542839****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLALOCK, JIM
18 BARCELONA AVE.
ST. AUGUSTINE, FL 32080 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name WHITFIELD, STEPHEN J
Address 2964 GREEN ACRES ROAD EXT
City-State-Zip: ST AUGUSTINE FL 32084

Title S
Name BURT, STEPHNIE
Address 395 HILL ST.
City-State-Zip: ST AUGUSTINE FL 32084

Title DIRECTOR
Name MACKEY, DERRICK M
Address 801 PRINCE ROAD
City-State-Zip: ST. AUGUSTINE FL 32086

Title DIRECTOR
Name VAN KIRK, RICHIE
Address 3975 SR 16
City-State-Zip: ST AUGUSTINE FL 32092

Title VP
Name MORSE, MATT
Address 1883 SOUTH CAPPERO DRIVE
City-State-Zip: ST AUGUSTINE FL 32092

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

Title D
Name SCHOFIELD, JASON
Address 3500 USINA ROAD
City-State-Zip: ST AUGUSTINE FL 32084

Title DIRECTOR
Name BURREN, KELLY
Address 2787 USINA STREET
City-State-Zip: ST AUGUSTINE FL 32084

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: LINDA W MANUCY**TREASURER****02/23/2014**

Electronic Signature of Signing Officer/Director Detail

Date