

2013 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	VP
Name	ASHTON, DAVID M
Address	4170 SR 13 SOUTH
City-State-Zip:	ELKTON FL 32033

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

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

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****02/26/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date