

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90213 041 ***150.00

DOCUMENT # 712137 1. Entity Name THE FORT LAUDERDALE BILLFISH TOURNAMENT, INC.					
Principal Place of Business Mailing Address				400	
2. Principal Place of Business - No P.O. Box # 1600 SW 3rd Ave Suite, Apt. #, etc.		3. Mailing Address P O Box 22218 Suite, Apt. #, etc.		04112007 Chg-NP CR2E037 (12/06)	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL		4. FEI Number 23-7218760	
Zip 33315		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGOWAN, KATHLEEN A 530 NW 78 WAY PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name John E Stephens Street Address (P.O. Box Number is Not Acceptable) 220 SW 32nd Street City Fort Lauderdale FL Zip Code 33315	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>John E. Stephens</i></u> V.P.D. JOHN E. STEPHENS Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STRAUSS, JAMIE 820 SW 14 CT. POMPANO BEACH, FL 33060	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STRAUSS, JAMIE 820 SW 14TH CT POMPANO BEACH, FL 33060	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KOOSER, RAY 300 NW 28 ST FORT LAUDERDALE, FL 33311	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD JOHN E STEPHENS 220 SW 32ND STREET FORT LAUDERDALE, FL 33315	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SMITH, SKIP 2931 NE 16 STREET POMPANO BEACH, FL 33062	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MARK CONSTANTINO P O BOX 22218 FORT LAUDERDALE, FL 33335	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>John E. Stephens</i></u> V.P.D. JOHN E STEPHENS 4/12/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					