

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736705

FILED
Jan 31, 2007
Secretary of State

Entity Name: GULF AND SOUTH ATLANTIC FISHERIES FOUNDATION, INC.

Current Principal Place of Business:

5401 W KENNEDY BLVD, STE 740
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

5401 W KENNEDY BLVD
SUITE #740
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: 59-1684802 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JAMISON, JUDY L
5456 FRIARSWAY DRIVE
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: AMASON, JACK
Address: 101 AMASON AVENUE
City-St-Zip: VALONA, GA 31319

Title: EDS () Delete
Name: JAMISON, JUDY L
Address: 5456 FRIARSWAY DR
City-St-Zip: TAMPA, FL 33624

Title: PD () Delete
Name: JONES, ROBERT
Address: 2810 ST. LEONARD DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: TSD () Delete
Name: PRITCHARD, ROSS J
Address: 1060 PALMETTO STREET
City-St-Zip: MOBILE, AL 36604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JUDY L. JAMISON

EDS

01/31/2007

Electronic Signature of Signing Officer or Director

_____ Date