

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2009  
Secretary of State**

DOCUMENT# 765789

Entity Name: ATLANTIC GAMEFISH FOUNDATION, INC.

**Current Principal Place of Business:**

8265 SW 117 TERRACE  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

8265 SW 117 TERRACE  
MIAMI, FL 33156

**New Mailing Address:**

FEI Number: 59-2252602      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KUNDE, CLIFFORD A.  
8265 SW 117 TERRACE  
MIAMI, FL 33156      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: PDM ( ) Delete  
Name: KUNDE, CLIFFORD A MR.  
Address: 8265 SW 117 TERRACE  
City-St-Zip: MIAMI, FL 33156 US

Title: STD ( ) Delete  
Name: KUNDE, JANET B MRS.  
Address: 8265 SW 117TH TERR.  
City-St-Zip: MIAMI, FL 33156 US

Title: D ( ) Delete  
Name: VEDO, NICKLAUS MR.  
Address: 8265 SW 117 TERR  
City-St-Zip: MIAMI, FL 33156 US

Title: D ( ) Delete  
Name: HAYNIE, RIED MR.  
Address: 21045 SW 150 AVE  
City-St-Zip: MIAMI, FL 33187

**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 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: CLIFFORD A. KUNDE

PDM

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date