


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90064 041 ****61.25

DOCUMENT # N00000001697			
1. Entity Name SANIBEL ISLAND FISHING CLUB, INC.			
Principal Place of Business 2172 PERIWINKLE WAY SANIBEL ISLAND FL 33957		Mailing Address PO BOX 989 SANIBEL ISLAND FL 33957	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent FRANKWICH, VERNON T TREASUR 6014 WHITE HERON LN SANIBEL ISLAND FL 33957		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOBCZAK, CHARLES	NAME	ROL CAMPBELL
STREET ADDRESS	2560 SANIBEL BLVD.	STREET ADDRESS	706 ANCHOR DRIVE
CITY-ST-ZIP	SANIBEL FL 33957	CITY-ST-ZIP	SANIBEL FL 33957
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANKWICH, VERNON T	NAME	X
STREET ADDRESS	6014 WHITE HERON LANE	STREET ADDRESS	X
CITY-ST-ZIP	SANIBEL FL 33957	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERTESCH, KEVIN	NAME	X
STREET ADDRESS	1056 S. YACHTS MAN DR.	STREET ADDRESS	X
CITY-ST-ZIP	SANIBEL FL 33957	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLE, LES	NAME	
STREET ADDRESS	1019 WINDGREN BLVD	STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL 33957	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, ROBERT *ADDN.	NAME	
STREET ADDRESS	1060 S. YACHTS MAN DR. ↑	STREET ADDRESS	
CITY-ST-ZIP	SANIBEL, FL 33957	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADLER, CHET *ADDN.	NAME	
STREET ADDRESS	9454 BEGONIA COURT ↑	STREET ADDRESS	
CITY-ST-ZIP	SANIBEL, FL 33957	CITY-ST-ZIP	



1st MOORE CR2E037 (10/07)

4. FEI Number **NO-T APPLICABLE** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Vernon T. Frankwich **VERNON T. FRANKWICH** 2/12/08 239/395/1616