

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 04, 2009
Secretary of State**

DOCUMENT# N00000001697

Entity Name: SANIBEL ISLAND FISHING CLUB, INC.

Current Principal Place of Business:

2172 PERIWINKLE WAY
SANIBEL ISLAND, FL 33957

New Principal Place of Business:

Current Mailing Address:

PO BOX 989
SANIBEL ISLAND, FL 33957

New Mailing Address:

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

Name and Address of Current Registered Agent:

FRANKWICH, VERNON T TREASUR
6014 WHITE HERON LN
SANIBEL ISLAND, FL 33957 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: D () Delete
Name: SOBCZAK, CHARLES
Address: 2560 SANIBEL BLVD.
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: FRANKWICH, VERNON T
Address: 6014 WHITE HERON LANE
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: VERTESCH, KEVIN
Address: 1056 S. YACHTS MAN DR.
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: WADE, ROBERT
Address: 1050 SIYARHTOMAN DR
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: SADLER, CHET
Address: 9454 BEGONIA CT
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: CAMPBELL, ROL
Address: 706 ANCHOR DR
City-St-Zip: SANIBEL, FL 33957

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
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City-St-Zip:

Title: () Change () Addition
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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: VERNON T FRANKWICH

D

02/04/2009

Electronic Signature of Signing Officer or Director

Date