2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004
Secretary of State

DOCUMENT# N02000004726

Entity Name: SOUTH FLORIDA ANGLERS FOR EVERGLADES RESTORATION, INC.

Current Principal Place of Business:

3720 N. 57TH AVENUE
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

3720 N. 57TH AVENUE
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 02-0624135 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARNOLD, BRAND
3720 N. 57TH AVENUE
HOLLYWOOD, FL 33021

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: PD ( ) Delete
Name: OVIES, AL
Address: 1100 S.W. 2ND AVENUE #4
City-St-Zip: MIAMI, FL 33130

Title: VD ( ) Delete
Name: PERSSON, RICK
Address: 10901 S.W. 106 AVENUE
City-St-Zip: MIAMI, FL 33176

Title: SD ( ) Delete
Name: ARNOLD, BRAD
Address: 3720 N. 57TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33201

Title: TD ( ) Delete
Name: WARNER, STEVE
Address: 11217 N.W. 12TH COURT
City-St-Zip: CORAL SPRINGS, FL 33071

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 Section 119.07(3)(i), 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: BRAD ARNOLD MR. 01/13/2004

Electronic Signature of Signing Officer or Director Date