


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

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # N06000010289 1. Entity Name FLORENCE VILLA FISHING ASSOCIATION, INC.	
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Principal Place of Business 432 AVENUE U, NE WINTER HAVEN FL 33881	Mailing Address 432 AVENUE U, NE WINTER HAVEN FL 33881
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number 20-8364700
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent TIMMONS, WALTER 432 AVENUE U, NE WINTER HAVEN FL 33881	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Walter Timmons* 3-7-08

(NOTE: Registered Agent signature required when reappointing)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete TIMMONS, ROBERT 1312 3RD ST., NE WINTER HAVEN FL 33881	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000867354 04/08/08-80068-003 66.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete TIMMONS, WALTER 1312 3RD ST., NE WINTER HAVEN FL 33881	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete RUFFEN, J.C. 225 AVE. P, NE WINTER HAVEN FL 33881	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete SMITH, MARY A 432 AVENUE U, NE WINTER HAVEN FL 33881	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Walter Timmons* 3-7-08