

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25246

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** MANGROVE CHAPTER OF THE IZAAK WALTON LEAGUE OF AMERICA, INC.

**Current Principal Place of Business:**

2730 SW 3 AVE  
STE 205  
MIAMI, FL 33129 US

**New Principal Place of Business:**

**Current Mailing Address:**

2730 SW 3 AVE  
STE 205  
MIAMI, FL 33129 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

SKINNER, ROBERT F  
2730 SW 3 AVE  
STE 205  
MIAMI, FL 33129 US

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: TDS ( ) Delete  
Name: REDFORD, JAMES F.  
Address: 2807 SW 27TH AVENUE  
City-St-Zip: COCONUT GROVE, FL

Title: DV ( ) Delete  
Name: MILLER, LLOYD E.  
Address: 27720 SW 197TH AVENUE  
City-St-Zip: HOMESTEAD, FL

Title: DP ( ) Delete  
Name: SKINNER, ROBERT  
Address: 2730 S.W. 3RD AVE.  
City-St-Zip: MIAMI, FL

**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:

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: ROBERT F. SKINNER

MR.

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date