

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37323

FILED
Mar 31, 2009
Secretary of State

Entity Name: FLORIDA KEYS FISHING TOURNAMENTS, INC.

Current Principal Place of Business:

24386 OVERSEAS HWY
SUMMERLAND KEY, FL 33042 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 420358
SUMMERLAND KEY, FL 33042 US

New Mailing Address:

FEI Number: 65-0294922 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPOTTSWOOD, WILLIAM B.
500 FLEMING ST
KEY WEST, FL 33040 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: DP () Delete
Name: SHARPE, JIM
Address: 24386 OVS HWY
City-St-Zip: SUMMERLAND KEY, FL 33042 US

Title: D () Delete
Name: WEINHOFER, MIKE
Address: P.O. BOX 430161
City-St-Zip: BIG PINE KEY, FL 33043 US

Title: D () Delete
Name: VANKIRK, DONNA
Address: P.O. BOX 914
City-St-Zip: MARATHON, FL 33050 US

Title: D () Delete
Name: WALSH, BILL
Address: P.O. BOX 527
City-St-Zip: ISLAMORADA, FL 33036 US

Title: DV () Delete
Name: GREENE, TIM
Address: 1311 VILLA MILL AVE
City-St-Zip: KEY WEST, FL 33040 US

Title: ST () Delete
Name: CROCKETT, JOHN
Address: 29465 FORRSSTAL AVE.
City-St-Zip: BIG PINE KEY, FL 33043 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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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: JIM SHARPE

Electronic Signature of Signing Officer or Director

PRES

03/31/2009

Date