

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005780

FILED
Apr 05, 2009
Secretary of State

Entity Name: FLORIDA FLY FISHING ASSOCIATION, INC.

Current Principal Place of Business:

855 CLIFTON'S COVE CT
COCOA, FL 32926 US

New Principal Place of Business:

Current Mailing Address:

FLORIDA FLY FISHING ASSOCIATION
P.O. BOX 542345
MERRITT ISLAND, FL 329542345 US

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:

GABER, DONNA J DT
4942 WORTHINGTON CIRCLE
ROCKLEDGE, FL 32955 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: GRIFFIN, JOSEPH
Address: 135 CITY POINT ROAD
City-St-Zip: COCOA, FL 32926

Title: DS () Delete
Name: GLASS, JAMES
Address: 8080 KINGSWOOD WAY
City-St-Zip: MELBOURNE, FL 329313294

Title: DT () Delete
Name: GABER, DONNA
Address: 4942 WORTHINGTON CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

Title: DVP () Delete
Name: COSTA, JUDY
Address: 2404 NIBLICK CT
City-St-Zip: VIERA, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CLIFFORD, BETH
Address: 182 S. MAGNOLIA
City-St-Zip: MELBOURNE, FL 32935

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

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

Title: DVP (X) Change () Addition
Name: NEMETZ, RON
Address: 3125 TURTLE MOUND ROAD
City-St-Zip: MELBOURNE, FL 32934

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: DONNA J GABER

DT

04/05/2009

Electronic Signature of Signing Officer or Director

Date