

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# N95000002576

Entity Name: MATECUMBE ANGLERS, INC.

Current Principal Place of Business:

PAUL W KAUB
129 BUENA VISTA COURT
ISLAMORADA, FL 33036 US

Current Mailing Address:

PAUL W KAUB
129 BUENA VISTA COURT
ISLAMORADA, FL 33036 US

FEI Number: 65-0597692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

MATECUMBE ANGLERS, INC. PAUL W KAUB
129 BUENA VISTA COURT
ISLAMORADA, FL 33036 US

New Mailing Address:

MATECUMBE ANGLERS, INC. PAUL W KAUB
129 BUENA VISTA COURT
ISLAMORADA, FL 33036 US

Name and Address of Current Registered Agent:

KAUB, PAUL W
129 BUENA VISTA CT
ISLAMORADA, FL 33036 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: P () Delete
Name: WINSTEL, JIM
Address: 52 W PLAZA DEL LAGO
City-St-Zip: ISLAMORADA, FL 33036

Title: VP () Delete
Name: BALTES, JOE
Address: 130 PONCE DE LEON BLVD
City-St-Zip: ISLAMORADA, FL 33036

Title: S () Delete
Name: BALTES, LOIS
Address: 130 PONCE DE LEON BLVD
City-St-Zip: ISLAMORADA, FL 33036

Title: TD () Delete
Name: PAUL KAUB,
Address: 129 BUENA VISTA CT
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BALTES, JOE
Address: 130 PONCE DE LEON BLVD.
City-St-Zip: ISLAMORADA, FL 33036

Title: VP (X) Change () Addition
Name: WAWERNA, PETER
Address: 109 COSTA BRAVO DR.
City-St-Zip: ISLAMORADA, FL 33036

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: PAUL W. KAUB

TRES

01/10/2009

Electronic Signature of Signing Officer or Director

Date