

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005361

FILED
Apr 20, 2007
Secretary of State

Entity Name: MANGROVE COAST FLY FISHERS, INC.

Current Principal Place of Business:

2416 PARSON LANE
SARASOTA, FL 34239 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3792
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 65-0720457 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENAN, PETER T CAPT.
2416 PARSON LANE
SARASOTA, FL 34239 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: PD () Delete
Name: GREENAN, PETER T CAPT.
Address: 2416 PARSON LANE
City-St-Zip: SARASOTA, FL 34239 US

Title: VPD () Delete
Name: YUROSKO, JOHN J DR>
Address: 2400 KILPATRICK ROAD
City-St-Zip: NOKOMIS, FL 34275 US

Title: SD () Delete
Name: HUTHINSON, DAVID
Address: 35500 BERMHOHT ROAD
City-St-Zip: PUNTA GORDA, FL 33982 US

Title: TD () Delete
Name: WILLIAMS, JOANNA J
Address: 219 4TH AVENUE EAST
City-St-Zip: BRADENTON, FL 34208 US

Title: D () Delete
Name: HOPPER, WILLIAM
Address: 3471 LALANI BLVD
City-St-Zip: SARASOTA, FL 34232 US

Title: D () Delete
Name: HUFFMAN, GREGORY
Address: 1649 RIDGEWOOD LANE
City-St-Zip: SARASOTA, FL 34231 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FREEMAN, JOHN A
Address: 481 MONTELLUNA DR
City-St-Zip: N. VENICE, FL 34202 US

Title: VPD (X) Change () Addition
Name: SHUGOL, DAVID DR>
Address: 12032 WHISTLING WAY
City-St-Zip: BRADENTON, FL 34202 US

Title: SD (X) Change () Addition
Name: LITTLEWOOD, MELISSA
Address: 8918 BLOOMFIELD BLVD.
City-St-Zip: SARASOTA, FL 34238 US

Title: TD (X) Change () Addition
Name: PARKER, ROBERT F
Address: 11 SUNSET DR.
City-St-Zip: SARASOTA, FL 34236 US

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 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. PARKER

TD

04/20/2007

Electronic Signature of Signing Officer or Director

Date