

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005361

FILED  
Apr 28, 2008  
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: FREEMAN, JOHN A  
Address: 481 MONTELLUNA DR  
City-St-Zip: N. VENICE, FL 34202 US

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

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

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

Title: TD (X) Change ( ) Addition  
Name: HOPPER, KAREN  
Address: 3471 LALANI BLVD.  
City-St-Zip: SARASOTA, FL 34232 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 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

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date