2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 02, 2005 8:00 am Secretary of State DOCUMENT # N97000001924 05-02-2005 90513 002 ****61.25 YOUTH FISHING FOUNDATION, INC. Principal Place of Business Mailing Address 20042199 14751 S.W. 252 STREET 14751 S.W. 252 STREET HOMESTEAD, FL 33032 HOMESTEAD, FL 33032 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182005 Cha-NP CR2E037 (10/03) City & State City & State 4. FEI Number NOT APPLICABLE Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PORCO, SAMUEL S JR. 14751 S.W. 252 STREET Street Address (P.O. Box Number is Not Acceptable) HOMESTEAD, FL 33032 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Added to Fees Filing Fee is \$61.25 Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition NAME PORCO, SAMUEL S JR. NAME STREET ADDRESS 14751 S.W. 252 STREET STREET ADDRESS CITY-ST-ZIP HOMESTEAD, FL 33032 CITY-ST-7IP ۷D TITLE Defete TITLE ☐ Change Addition ANSON J-~ PORCO, ANTHONY NAME 8950 SW 125 TR. STREET ADDRESS 4963 OXFORD DRIVE STREET ADDRESS MIAMI, FL 33176 CITY-ST-ZIP SARASOTA, FL 34242 CITY-ST-ZIP STD TITLE SD Delete TITLE ☐ Change ★ Addition FERRAR, DIANA DINA RANI NAME NAME PO BOX 422 25220 S.W. 147TH AVENUE STREET ADDRESS STREET ADDRESS DRAKE, 40 80515 CITY-ST-ZIP HOMESTEAD, FL 33032 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition MAYNARD, DAVID NAME NAME STREET ADDRESS 8260 S.W. 105 STREET STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY+ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE: ~

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

MIAMI, FL 33156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIFECTOR

☐ Delete

☐ Delete

☐ Change

☐ Change

☐ Addition

☐ Addition

FILED