2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001924

FILED Mar 19, 2009 Secretary of State

Entity Name: YOUTH FISHING FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 14751 S.W. 252 STREET HOMESTEAD, FL 33032 **Current Mailing Address: New Mailing Address:** 14751 S.W. 252 STREET P.O. BOX 900087 HOMESTEAD, FL 33032 HOMESTEAD, FL 33090 FEI Number: 65-0750456 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PORCO, SAMUEL S JR. 14751 S.W. 252 STREET HOMESTEAD, FL 33032 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DEL VECCHIO, PATRICK F Name: Name: Address: 7963 SW 104 STREET, A211 Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip: Title: VD (X) Delete Title: () Change () Addition GOSSMAN, KRISTINA Name: Name: Address: 655 SE 29 DRIVE Address: City-St-Zip: HOMESTEAD, FL 33033 City-St-Zip: Title: () Delete Title: () Change () Addition DAVIS, HAYS A Name: Name: 510 SW 30 DRIVE Address: Address: City-St-Zip: HOMESTEAD, FL 33033 City-St-Zip: Title: TD () Delete Title: TD (X) Change () Addition Name: SHELLEY, STEPHEN Name: SHELBY, STEPHEN 166 NW 19 STREET Address: 165 NW 19 STREET Address: City-St-Zip: HOMESTEAD, FL 33033 City-St-Zip: HOMESTEAD, FL 33030

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: PATRICK F DELVECCHIO PD 03/19/2009