

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005433

Entity Name: GULF FISHERMEN'S ASSOCIATION, INC.**Current Principal Place of Business:**1336 BAYVIEW DRIVE
CLEARWATER, FL 33756**Current Mailing Address:**1336 BAYVIEW DRIVE
CLEARWATER, FL 33756 US**FEI Number:** 55-0869235**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PRUITT, DEAN
1336 BAYVIEW DR.
CLEARWATER, FL 33756 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**Officer/Director Detail :**

Title	DPT
Name	BROOKS, GLEN
Address	4082 W BROOKSGANG CT
City-State-Zip:	LECANTO FL 34461

Title	DVS
Name	PRUITT, DEAN
Address	1336 BAYVIEW DR
City-State-Zip:	CLEARWATER FL 33756

Title	D
Name	WARD, WILLIAM
Address	10751 GROVE TERRACE
City-State-Zip:	SEMINOLE FL 33772

Title	D
Name	SCHMIDT, JOHN
Address	26 CYPRESS DR
City-State-Zip:	PALM HARBOR FL 34684

Title	D
Name	KENYON, BRAD W
Address	1376 HILLSIDE DR
City-State-Zip:	TARPON SPRINGS FL 34689

Title	D
Name	CLEMENTS, JAMES MJR
Address	P O BOX 988
City-State-Zip:	CARRABELLE FL 32322

I hereby 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 all other like empowered.

SIGNATURE: GLENHART BROOKS, III**PRESIDENT****01/23/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date