

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000009267

**Entity Name:** FISHING MOBILE FOUNDATION, INC.**Current Principal Place of Business:**1430 E. FLETCHER AVE.  
TAMPA, FL 33612**Current Mailing Address:**1430 E. FLETCHER AVE.  
TAMPA, FL 33612 US**FEI Number:** 82-2820971**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WHOMSLEY, NEIL  
1430 E. FLETCHER AVE.  
TAMPA, FL 33612 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	D
Name	BLOCH, BRAD
Address	1430 E. FLETCHER AVE.
City-State-Zip:	TAMPA FL 33612

Title	D
Name	ROOT, SAM
Address	1430 E. FLETCHER AVE.
City-State-Zip:	TAMPA FL 33612

Title	D
Name	WHITFIELD, CHASTEN
Address	1430 E. FLETCHER AVE.
City-State-Zip:	TAMPA FL 33612

Title	TREASURER
Name	VOIGT, SHAWN
Address	1430 E FLETCHER AVE
City-State-Zip:	TAMPA FL 33612

Title	PD
Name	BLOCH, BRAD
Address	1430 E. FLETCHER AVE.
City-State-Zip:	TAMPA FL 33612

Title	SD
Name	ROOT, SAM
Address	1430 E. FLETCHER AVE.
City-State-Zip:	TAMPA FL 33612

Title	VD
Name	BLOCH, IAN
Address	1430 E. FLETCHER AVE.
City-State-Zip:	TAMPA FL 33612

*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: BRADLY BLOCH****P****06/30/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date