

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005780

**FILED**  
**Feb 26, 2019**  
**Secretary of State**  
**3362730133CC**

**Entity Name:** FLORIDA FLY FISHING ASSOCIATION, INC.

**Current Principal Place of Business:**

2108 PARSONS AVE  
MELBOURNE, FL 32901

**Current Mailing Address:**

FLORIDA FLY FISHING ASSOCIATION  
P.O. BOX 542345  
MERRITT ISLAND, FL 32954-2345 US

**FEI Number:** 82-5195577

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BRYANT, WILLIAM EVERETT TREAS.  
2108 PARSONS AVE  
MELBOURNE, FL 32901 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:** WILLIAM E BRYANT

02/26/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            MOON, STEPHEN  
Address        96 WILLARD ST.  
                  STE 305  
City-State-Zip: COCOA FL 32922

Title            TREASURER, DIRECTOR  
Name            BRYANT, WILLIAM EVERETT TREAS  
Address        2108 PARSONS AVE  
City-State-Zip: MELBOURNE FL 32901

Title            VP, DIRECTOR  
Name            SHERER, JOE VP  
Address        300 CARPENTER RD  
City-State-Zip: TITUSVILLE FL 32796

Title            SECRETARY, DIRECTOR  
Name            KILLINGSWORTH, DONALD  
Address        901 ATLANTIC ST  
City-State-Zip: MELBOURNE BEACH FL 32951

Title            DIRECTOR  
Name            BRAUN, KEITH  
Address        4002 DUNDEE DRIVE  
City-State-Zip: MERRITT ISLAND FL 32953

Title            DIRECTOR  
Name            NEMENTZ, RONALD  
Address        3125 TURTLE MOUND RD  
City-State-Zip: MELBOURNE FL 32934

Title            DIRECTOR  
Name            GLASS, JIM  
Address        2781 ENGLEWOOD DR  
City-State-Zip: MELBOURNE FL 32940

Title            DIRECTOR  
Name            HARBOUR, DAVID  
Address        1010 GRANDA AVE  
City-State-Zip: MERRITT ISLAND FL 32952

**Continues on page 2**

*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:** WILLIAM E BRYANT

TREASURER, DIRECTOR    02/26/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           MARTIN, ALDO  
Address        2272 ENGLEWOOD DR  
City-State-Zip: MELBOURNE FL 32940