

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000005361

**Entity Name:** MANGROVE COAST FLY FISHERS, INC.

**Current Principal Place of Business:**

5526 SHADY BROOK TRAIL  
SARASOTA, FL 34243

**Current Mailing Address:**

P.O. BOX 3792  
SARASOTA, FL 34230 US

**FEI Number:** 65-0720457

**Certificate of Status Desired:** No

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

SMOTHERS, CRAIG  
5526 SHADY BROOK TRAIL  
SARASOTA, FL 34243 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	PD	Title	VPD
Name	SMOTHERS, CRAIG	Name	WILLIAMS, ROGER
Address	5526 SHADY BROOK TRAIL	Address	219 FOURTH AVE. EAST
City-State-Zip:	SARASOTA FL 34243	City-State-Zip:	BRADENTON FL 34208

*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:** CRAIG SMOTHERS

**PRESIDENT**

**04/23/2013**

Electronic Signature of Signing Officer/Director Detail

Date