

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002648

**FILED**  
**Jan 11, 2014**  
**Secretary of State**  
**CC0129352540**

**Entity Name:** THE FLORIDA FOUNDATION FOR RESPONSIBLE ANGLING,  
INCORPORATED

**Current Principal Place of Business:**

615 N 21 AVE  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

615 N 21 AVE  
HOLLYWOOD, FL 33020

**FEI Number: 59-3544654**

**Certificate of Status Desired: No**

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

TWYFORD, TOM  
201 5TH STREET  
WEST PALM BEACH, FL 33401 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           DIRECTOR  
Name           PUTNAM, TOM  
Address        2206 THOMAS DRIVE  
City-State-Zip: PANAMA CITY BEACH FL 32408

Title           PRESIDENT  
Name           TWYFORD, TOM  
Address        201 FIFTH ST  
City-State-Zip: WEST PALM BEACH FL 33401

Title           VP  
Name           NICHOLS, SCOTT  
Address        1115 LAKE SHORE DR  
                  STE 104  
City-State-Zip: LAKE PARK FL 33403

Title           DIRECTOR  
Name           BIERMAN, MARSHA  
Address        1825 MONTE CARLO WAY  
                  #29  
City-State-Zip: CORAL SPRINGS FL 33071

Title           DIRECTOR  
Name           PEEBLES, DIANE  
Address        3017 7TH AVENUE  
City-State-Zip: ST PETERSBURG FL 33713

Title           DIRECTOR  
Name           POVEROMO, GEORGE  
Address        9930 NW 59TH CT  
City-State-Zip: PARKLAND FL

Title           DIRECTOR  
Name           WORKMAN, DAVE  
Address        11702 BEACH BLVD  
City-State-Zip: JACKSONVILLE FL

Title           DIRECTOR  
Name           TOLLEY, GREG  
Address        10501 FGCU BLVD S  
City-State-Zip: FORT MYERS FL

**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: BILL CAMP**

**SECRETARY/TREASURER 01/11/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SECRETARY / TREASURER  
Name CAMP, BILL  
Address 11301 US HWY 1  
City-State-Zip: N PALM BEACH FL 33408

Title DIRECTOR  
Name WEBB, JOHN  
Address 2930 KERRY FOREST PKWY  
STE 101  
City-State-Zip: TALLAHASSEE FL 32309