

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

DOCUMENT# N98000002648

**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: SCOTT NICHOLS**

**SECRETARY /  
TREASURER**

**05/24/2013**

\_\_\_\_\_  
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