

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712137

FILED  
Apr 21, 2008  
Secretary of State

**Entity Name:** THE FORT LAUDERDALE BILLFISH TOURNAMENT, INC.

**Current Principal Place of Business:**

1600 SW 3RD AVE  
FORT LAUDERDALE, FL 33315 US

**New Principal Place of Business:**

841 SW 14TH COURT  
#4  
POMPANO BEACH, FL 33060 US

**Current Mailing Address:**

P.O. BOX 22218  
FORT LAUDERDALE, FL 33335 US

**New Mailing Address:**

**FEI Number:** 23-7218760      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

STEPHENS, JOHN E  
220 SW 32ND STREET  
FORT LAUDERDALE, FL 33315 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: STRAUSS, JAMIE  
Address: 820 SW 14 CT.  
City-St-Zip: POMPANO BEACH, FL 33060

Title: SD ( ) Delete  
Name: KOOSER, RAY  
Address: 300 NW 28 ST  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VD ( ) Delete  
Name: STEPHENS, JOHN E  
Address: 220 SW 32ND STREET  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: S ( ) Delete  
Name: CONSTANTINO, MARK  
Address: P.O. BOX 22218  
City-St-Zip: FORT LAUDERDALE, FL 33335

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: STRAUSS, JAMIE  
Address: 820 SW 14 COURT  
City-St-Zip: POMPANO BEACH, FL 33060

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: CONSTANTINO, MARK  
Address: PO BOX 22218  
City-St-Zip: FORT LAUDERDALE, FL 33335

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMIE STRAUSS

PD

04/21/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date