


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90033 032 \*\*\*\*61.25

**DOCUMENT # 712166**  
 1. Entity Name  
**AFRICAN SAFARI CLUB OF FLORIDA, INC.**



Principal Place of Business  
**6550 N. FEDERAL HWY. #220**  
**STE 330**  
**FT LAUDERDALE, FL 33308**

Mailing Address  
**6550 N. FEDERAL HWY. #220**  
**STE 330**  
**FT LAUDERDALE, FL 33308**

2. Principal Place of Business  
 Suite, Apt. #, etc. **#330**  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc. **#330**  
 City & State  
 Zip Country



02122004 Chg-NP CR2E037 (10/03)

4. FEI Number **59-1350762** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HEINRICH, EUGENEL**  
**500 E BROWARD BLVD, 10TH FLOOR**  
**FT. LAUDREDALE, FL 33394**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FERNS, BOB</b> <b>P.O. BOX 14070</b> <b>FT LAUDERDALE, FL 33302</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LITTLE, MIKE</b> <b>7901 SW 6TH CT</b> <b>PLANTATION, FL 33324</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SAWYER, THOMAS R II</b> <b>6550 N FEDERAL HWY #330</b> <b>FORT LAUDERDALE, FL 33308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MIKE LITTLE</b> <b>7901 SW 6th Ct</b> <b>Plantation, FL 33317</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COAN, JOHN</b> <b>317 BAYBELLY DR.</b> <b>PLANTATION, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>TUPPIN, RON</b> <b>12404 COLON ROW</b> <b>PALM BEACH GARDENS, FL 33410</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BURTON, ROB</b> <b>5247 N.W. 110 AVE.</b> <b>CORAL SRPINGS, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Thomas R Sawyer, Treasurer **2-12-04** **954-491-7233**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #