

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90126 033 \*\*\*\*61.25

**DOCUMENT # 712448**

1. Entity Name

ORGANIZED FISHERMEN OF FLORIDA, INC.



Principal Place of Business

225 ROCKLEDGE DRIVE  
ROCKLEDGE FL 32955

Mailing Address

PO BOX 700  
COCOA FL 32923

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-1234446

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANSOM, JERRY  
1343 N. A1A APT. 5G  
~~SATELLITE BEACH FL 32937~~

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.

(If the Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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<br>NAME  | TD<br>COX, GEOFF       | <input type="checkbox"/> Delete            |
| STREET ADDRESS | 875 PINE ISLAND RD.    |                                            |
| CITY-ST-ZIP    | MERRITT ISLAND FL      |                                            |
| TITLE<br>NAME  | VPD<br>PETRICK, ROBERT | <input type="checkbox"/> Delete            |
| STREET ADDRESS | 22962 CAPE KODD LANE   |                                            |
| CITY-ST-ZIP    | SUMMERLAND KEY FL      |                                            |
| TITLE<br>NAME  | VD<br>DUSNON, MARTIN   | <input type="checkbox"/> Delete            |
| STREET ADDRESS | P.O. BOX 26 N/A        |                                            |
| CITY-ST-ZIP    | POMONA PARK FL         |                                            |
| TITLE<br>NAME  | VPD<br>ORR, BENNETT    | <input type="checkbox"/> Delete            |
| STREET ADDRESS | PO BOX 501054          |                                            |
| CITY-ST-ZIP    | MARATHON FL 33050      |                                            |
| TITLE<br>NAME  | PP<br>CLOPTON, JOHNNIE | <input type="checkbox"/> Delete            |
| STREET ADDRESS | 7101 WELLS AVE         |                                            |
| CITY-ST-ZIP    | NAVARRE FL 32561       |                                            |
| TITLE<br>NAME  | P<br>THOMAS, JANIE     | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 4272 NASSAU RIVER ROAD |                                            |
| CITY-ST-ZIP    | FERNANDINA BEACH FL    |                                            |

|                |                                |                                                                              |
|----------------|--------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME  | Cox, Geoff                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 10115 KINCAID RD               |                                                                              |
| CITY-ST-ZIP    | HASTINGS, FL 32148             |                                                                              |
| TITLE<br>NAME  |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                                |                                                                              |
| CITY-ST-ZIP    |                                |                                                                              |
| TITLE<br>NAME  |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                                |                                                                              |
| CITY-ST-ZIP    |                                |                                                                              |
| TITLE<br>NAME  |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                                |                                                                              |
| CITY-ST-ZIP    |                                |                                                                              |
| TITLE<br>NAME  | Ronnie Day                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | President                      |                                                                              |
| CITY-ST-ZIP    | PO BOX 132 ST. MARKS, FL 32355 |                                                                              |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #